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Somerset County Council.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1926.

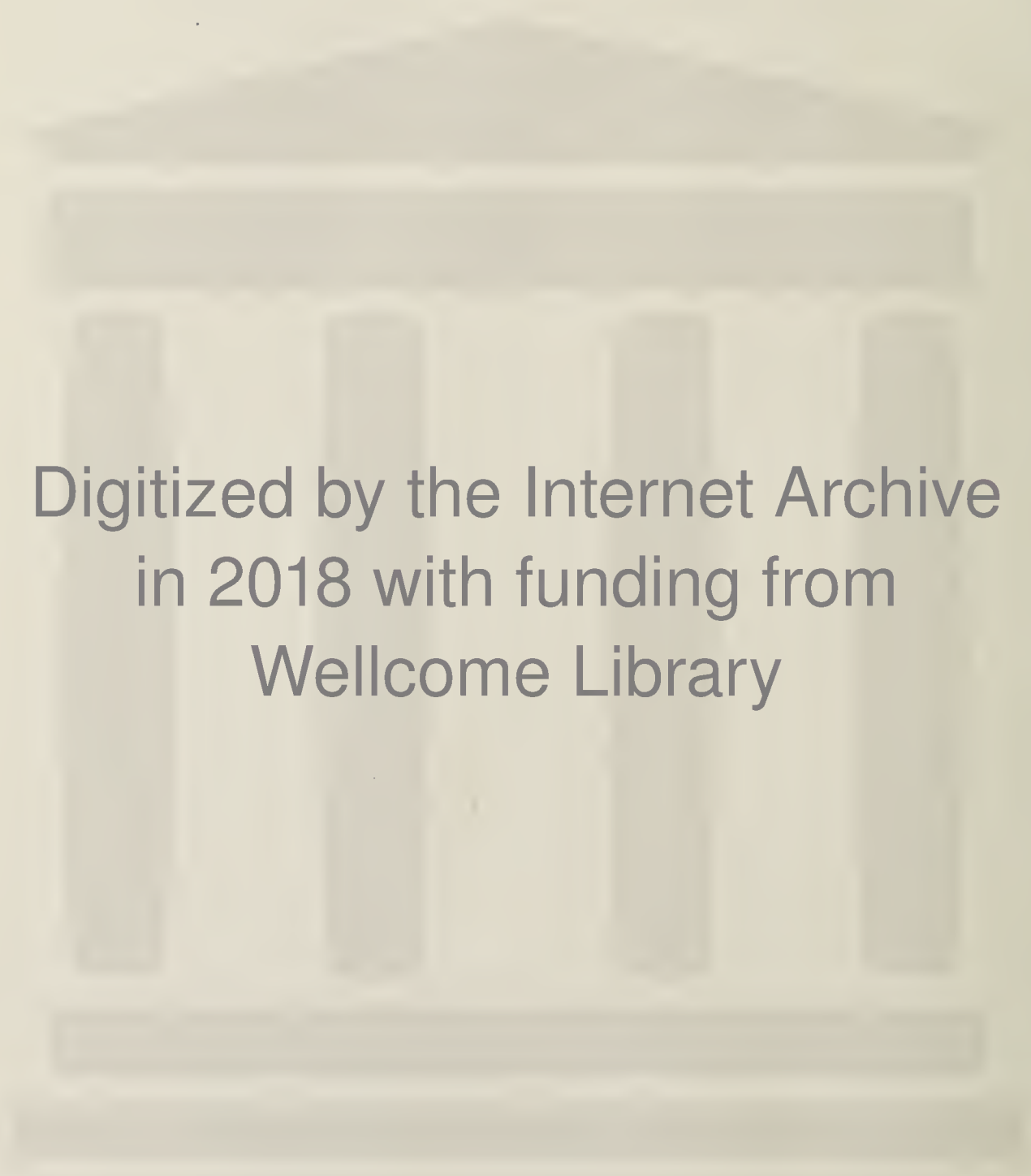
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County Medical Officer of Health.

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**To the Chairman and Members of the Public Health and Housing Committee,
Somerset County Council.**

GENTLEMEN,

I beg to submit my eighteenth Annual Report upon the Health and Sanitary Administration of the County. The Ministry of Health has arranged to supply the mortality statistics to each Medical Officer to save separate compilation, and these figures have been adopted in the Tables.

The vital statistics are most satisfactory. They show a death rate almost identical with that of 1923, the lowest on record, while when standardized it is the lowest ever recorded, both in Urban and in Rural areas. The rate of infantile mortality is only 52.16, although not so low as the lowest recorded (45.9 in 1923). The tuberculosis death rate is again the lowest on record and the decline for 1926 is particularly striking.

There have been a number of fresh developments as regards Public Health Work during the year. In October both the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, and the Public Health (Ophthalmia Neonatorum) Regulations, 1926, came into force. The Midwives and Maternity Homes Act, 1926, came into operation in October, but the provisions as to Maternity Homes only date from January 1st, 1927. During the year the Milk and Dairies Order, 1926, was issued and constitutes a very important landmark in the progress towards a clean milk supply.

Other developments included further progress towards a comprehensive scheme for dealing with cripples, steps to prevent and cure rickets (a great cause of crippling), provision of artificial light treatment and the further development of health propaganda work as a means of improving health knowledge.

A large part of my Report is now taken up with details of the Health work undertaken by the County Health Department but a brief survey is also given of the general sanitary conditions in the County.

Your obedient servant,

W. G. SAVAGE.

Weston-super-Mare,

July, 1927.

SECTION 1.

GENERAL AND VITAL STATISTICS.

Population (1926) 399,500.

Births:—Total 6077 ; Legitimate 5847 ; Illegitimate 230.

Deaths :—Total 4630 ; Urban, 1902 ; Rural, 2728.

Deaths of children under 1 year of age, 317.

Rateable Value, £3,002,356.

Assessable Value, £2,118,550.

Sum represented by a penny rate :—£8,827 5s. 10d.

Birth rate, 15.21.

Death rate, 11.59.

Rate of infantile mortality, 52.16.

Percentage of births which were illegitimate, 3.8.

The birth-rate continues to decline and is lower than for any previous year, except the war years 1917—1919. The decline affects both the Rural and the Urban Districts.

The death returns are corrected as regards the distribution of deaths to the districts to which they properly belong. To correct for differences of age and sex distribution a standardizing factor has to be used. Factors have been obtained, based upon the last census figures. So corrected the following figures are obtained.

	Net Death-rate.	Standardizing Factor.	Standardized Death-rate.
Rural Districts	11.77	0.772	9.09
Urban Districts	11.33	0.827	9.37
Administrative County	11.59	0.795	9.21
England and Wales	11.6	—	11.6

The net Death-rate is very slightly above 11.35, the figure for 1923, the previous lowest. The standardized death-rate, which is the comparable figure, is the lowest death-rate on record for the Administrative County. It is the lowest both for the Urban and for the Rural districts.

With the very low death rates now being recorded, no great reductions can be expected in the crude figures. What may be expected and hoped for is a postponement of the period of death to a later age period. In this connection the following figures are very interesting, and show the steady postponement of the age of death.

TABLE 1.

Proportion of the deaths in each year divided amongst the different age groups.

	Under 1 year.	1—45.	45—65.	65 and over.
1911	12.9	21.0	20.8	45.3
1912	10.6	21.0	23.0	45.4
1913	10.8	23.3	21.0	44.9
1914	9.2	22.0	22.3	46.5
1920	9.7	19.1	22.3	48.9
1921	9.3	18.0	23.1	49.6
1922	6.6	17.3	22.2	53.9
1923	7.0	18.7	23.1	51.2
1924	7.1	17.5	21.8	53.6
1925	6.5	17.0	22.2	54.3
1926	6.9	16.0	22.3	54.8

The causes of death are set out in Tables A. and B. at the end of the Report. Table B. shows that heart diseases are responsible for the largest number of deaths from one single group of causes (762 deaths), cancer and other forms of malignant disease the next largest (573 deaths), bronchitis and pneumonia caused 485 deaths, while tuberculosis caused only 268 deaths and has diminished greatly as a cause of death. Cancer still continues to increase. It chiefly affects those beyond middle life. Only 28 of the deaths were in persons under 45 years, 208 were between 45 and 65 and 337 were over 65 years when they died. At present all that can be done along Public Health lines is to disseminate sound advice as to the need for early recognition and treatment of cancer. In this way a good many lives can be saved.

TABLE II.
Rural Districts.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.	
		Number.	Rate.	Number.	Rate per 1,000 Births registered.	Number	Rate.
1916	209,223	3,970	17.44	232	58.4	2,940	14.05
1917	199,385	3,321	14.94	236	71.06	2,892	14.50
1918	198,808	3,270	14.68	190	58.10	3,041	15.30
1919	206,946	3,480	16.14	224	64.37	2,963	14.32
1920	215,192	4,943	22.97	271	54.82	2,669	12.40
1921	225,074	4,451	19.78	252	56.62	2,594	11.53
1922	225,651	4,198	18.60	197	46.93	3,008	13.33
1923	227,600	4,170	18.32	195	46.76	2,602	11.43
1924	231,200	3,907	16.89	201	51.45	2,820	12.20
1925	231,100	3,735	16.16	183	49.0	2,802	12.12
Averages for years 1916—1925	217,018	3,945	18.2	218	55.3	2,833	13.1
1926	231,700	3,654	15.77	180	49.26	2,728	11.77

Urban Districts.

1916	146,526	2,702	16.95	168	62.18	2,069	14.12
1917	141,420	2,058	13.05	151	73.4	1,949	13.78
1918	143,374	2,181	13.58	134	61.44	2,294	16.00
1919	151,273	2,212	14.04	152	68.72	2,082	13.76
1920	157,301	3,320	21.07	178	53.61	1,960	12.46
1921	162,025	3,055	18.86	168	54.99	1,906	11.76
1922	163,495	2,740	16.76	137	50.00	2,078	12.71
1923	164,700	2,651	16.10	118	44.51	1,852	11.24
1924	167,100	2,597	15.54	149	57.37	2,066	12.32
1925	166,900	2,436	14.60	133	54.60	2,045	12.25
Averages for years 1916—1925	156,411	2,595	16.6	149	57.3	2,030	13.0
1926	167,800	2,423	14.44	137	56.54	1,902	11.33

TABLE III.

Table showing, for each Rural District, the number of Births and Deaths, the number of Deaths of Infants, also the Birth Rate, Death Rate, and Rate of Infantile Mortality.

DISTRICT.	Area.	No. of Births.	No. of Deaths.	No. of Deaths Under 1 Year.	Population.	Birth Rate.	Death Rate.	Standardized Death Rate.	Rate of Infantile Mortality.
RURAL :—									
1. AXBRIDGE	93,036	385	299	24	24,260	15.87	12.32	10.24	62.3
2. BATH	27,360	217	160	12	14,390	15.08	11.12	10.15	55.3
3. BRIDGWATER	87,516	295	224	12	17,480	16.88	12.81	10.45	40.7
4. CHARD	55,236	209	143	15	12,270	17.03	11.65	9.99	71.8
5. CLUTTON	41,133	301	161	19	15,980	18.84	10.08	8.76	63.1
6. DULVERTON	78,980	79	49	4	4,678	16.89	10.47	8.81	50.6
7. FROME	51,558	179	136	9	10,750	16.65	12.65	10.70	50.3
8. KEYNSHAM	21,405	159	111	8	11,100	14.32	10.00	8.82	50.3
9. LANGPORT	59,407	209	168	11	12,850	16.26	13.07	10.44	52.6
10. LONG ASHTON	47,900	292	205	4	19,810	14.74	10.35	8.97	13.7
11. SHEPTON MALLET	46,561	152	123	9	9,763	15.57	12.60	10.70	59.2
12. TAUNTON	71,095	267	182	12	16,590	16.09	10.97	9.24	44.9
13. WELLINGTON	34,626	89	64	3	5,719	15.56	11.19	9.16	33.7
14. WELLS	58,119	165	132	14	10,520	15.68	12.55	10.38	84.8
15. WILLITON	97,710	172	147	2	11,950	14.39	12.30	9.93	11.6
16. WINCANTON	64,540	231	188	4	16,320	14.15	11.52	9.66	17.3
17. YEOVIL	54,898	253	236	18	17,270	14.65	13.67	11.35	71.1
Totals of Rural Population	991,080	3,654	2,728	180	231,700	15.77	11.77	9.09	49.3

TABLE IV.

Table showing, for each Urban District, the number of Births and Deaths, the number of Deaths of Infants, also the Birth Rate, Death Rate, and Rate of Infantile Mortality.

DISTRICT.	Area.	No. of Births.	No. of Deaths.	No. of Deaths Under 1 Year.	Population.	Birth Rate.	Death Rate.	Standardized Death Rate.	Rate of Infantile Mortality.
URBAN :—									
1. BRIDGWATER	930	305	186	13	16,230	18.79	11.46	10.50	42.6
2. BURNHAM	1,481	44	46	2	5,285	8.33	8.70	7.93	45.5
3. CHARD	442	58	48	1	4,169	13.91	11.52	10.10	17.2
4. CLEVEDON	3,017	76	92	2	6,503	11.69	14.15	11.39	26.3
5. CREWKERNE	1,243	52	34	0	3,593	14.47	9.46	8.76	0.0
6. FROME	1,194	150	141	17	10,810	13.88	13.04	11.55	113.3
7. GLASTONBURY	5,019	66	54	5	4,456	14.81	12.12	10.82	75.8
8. HIGHBRIDGE	744	55	25	2	2,610	21.07	9.58	9.07	36.4
9. ILMINSTER	531	33	30	1	2,207	14.95	13.59	11.79	30.3
10. MIDSOMER NORTON	3,970	106	72	8	8,078	13.12	8.91	9.01	75.5
11. MINEHEAD	2,470	68	55	0	5,887	11.55	9.34	9.12	0.0
12. PORTISHEAD	1,029	56	42	3	3,840	14.58	10.94	10.32	53.6
13. RADSTOCK	1,014	68	40	2	3,855	17.64	10.38	9.48	29.4
14. SHEPTON MALLET	3,548	59	50	2	4,243	13.91	11.78	10.31	33.9
15. STREET	2,742	70	38	2	4,455	15.71	8.53	8.28	28.6
16. TAUNTON	2,015	375	289	22	24,110	15.55	11.99	11.59	58.7
17. WATCHET	493	28	20	0	1,823	15.36	10.97	9.70	0.0
18. WELLINGTON	5,295	95	89	7	7,061	13.45	12.60	11.37	73.7
19. WELLS	719	72	58	3	4,446	16.19	13.05	10.78	41.7
20. WESTON-S-MARE	2,412	321	312	24	26,410	12.15	11.81	10.57	74.8
21. WIVELISCOMBE.....	201	21	21	2	1,259	16.68	16.68	14.19	95.2
22. YEOVIL	854	245	160	19	16,470	14.88	9.71	9.62	77.6
Totals of Urban Population	41,363	2,423	1,902	137	167,800	14.44	11.33	9.37	56.5
Administrative County	1,032,443	6,077	4,630	317	399,500	15.21	11.59	9.21	52.16
England and Wales, 1926		.....	.....	.....	.....	17.8	11.6	11.6	70

SECTION II.

INFECTIOUS DISEASES.

TABLE V.

	Scarlet Fever.	Diphtheria.	*Enteric Fever.	Puerperal Fever.	Ophthalmia Neonatorum.	Cerebro-spinal Meningitis.	Dysentery.	Malaria.	Pneumonia.	Acute Poliomyelitis.	Encephalitis Lethargica.
URBAN.											
Bridgwater	27	6	0	0	0	0	0	0	6	0	0
Burnham	1	1	0	0	0	0	0	0	3	0	1
Chard	4	2	0	0	1	0	0	0	2	0	0
Clevedon	0	1	0	1	0	0	0	0	1	0	0
Crewkerne	14	8	0	0	0	0	0	0	0	0	0
Frome	0	27	0	0	0	0	0	0	3	0	4
Glastonbury	10	0	0	0	0	0	0	0	5	0	6
Highbridge	1	2	0	0	0	0	0	0	0	0	0
Iminster	2	0	1	0	0	0	0	0	7	0	0
Midsomer Norton	19	4	0	0	1	0	0	0	12	0	0
Minehead	8	5	0	0	0	0	0	0	0	0	0
Portishead	1	0	0	0	0	0	0	0	1	0	0
Radstock	21	0	0	0	0	0	0	0	9	0	0
Shepton Mallet	0	6	0	4	0	0	0	0	16	0	0
Street	6	2	0	1	0	0	0	0	2	0	0
Taunton	16	11	3	1	3	0	0	0	27	0	2
Watchet	0	0	0	0	0	0	0	0	0	0	0
Wellington	1	0	0	0	0	0	0	0	2	0	0
Wells	3	0	1	0	1	0	0	0	7	0	0
Weston-super-Mare	38	6	1	0	2	2	0	0	25	1	4
Wiveliscombe	0	0	0	0	0	0	0	0	4	0	0
Yeovil	0	0	1	0	3	0	0	0	37	5	0
RURAL.											
Axbridge	5	13	0	2	2	0	0	0	34	0	2
Bath	67	1	0	0	2	0	0	0	0	0	1
Bridgwater	9	3	1	1	1	2	0	0	4	0	1
Chard	5	3	0	1	1	0	0	0	27	0	0
Clutton	57	1	0	4	0	1	0	0	30	1	4
Dulverton	0	0	1	1	0	0	0	0	10	1	2
Frome	17	3	0	1	1	0	0	1	23	1	3
Keynsham	28	8	1	0	0	0	0	0	10	0	1
Langport	9	0	0	1	0	0	0	0	0	0	0
Long Ashton	32	5	1	0	1	0	0	0	16	0	1
Shepton Mallet	39	3	3	0	1	0	0	0	14	0	2
Taunton	6	21	2	1	1	0	0	0	25	1	0
Wellington	2	0	0	1	0	0	0	0	6	0	0
Wells	29	7	3	2	0	1	0	0	21	0	1
Williton	35	1	0	2	0	0	0	0	1	1	1
Wincanton	9	32	0	0	1	0	0	0	33	0	0
Yeovil	12	0	0	3	1	0	0	0	32	2	1
Urban Districts	172	81	7	7	11	2	0	0	169	6	17
Rural Districts	361	101	12	20	12	4	0	1	286	7	20
Administrative County	533	182	19	27	23	6	0	1	455	13	37

* Including Paratyphoid.

Small-pox. The County has again been fortunate and no notifications were received during the year. The small Hospital on the Polden Hills has been maintained ready for use so that cases could be admitted within a few hours' notice. Apart from the Caretakers no staff is maintained, but arrangements are made to staff it at very short notice.

Scarlet Fever. 533 cases were notified, 47 cases fewer than for the previous year. There were only 4 deaths, a case mortality of 0.75, a very low rate. Scarlet Fever is now a very mild disease.

Diphtheria. There were only 182 cases notified, with 3 deaths, a case mortality of 1.6. This is the lowest mortality rate of which I have any records. Most cases occurred in Wincanton Rural, 26 of the 32 cases being part of an epidemic in Horsington and South Cheriton in November and December.

It is now possible to immunize children against both diphtheria and scarlet fever and considerable progress is being made in New York and other U.S.A. cities, in parts of Scotland, and to some extent, in England. It is also widely used in different European countries. Nothing is being done in the County along these lines. It is particularly useful for the immunization of nurses in Infectious Hospitals.

Enteric and Paratyphoid Fevers: Only 19 cases were notified, with 5 deaths. They were scattered through the County and there was no epidemic.

Encephalitis Lethargica. The cases were fewer (37), but this disease remains a considerable cause of death. There were 25 deaths. In addition, marked mental deterioration is often met with as a result of the disease in those who recover.

Measles. During the year there were 10 deaths, all under 5 years of age. This is well below the average.

Whooping Cough. There were 30 deaths, 19 being in children under two years of age.

HOSPITAL ACCOMMODATION.

1. **Provided by the County Council.** A small emergency hospital of 8 beds at Cossington is provided for Small Pox cases. A site has been obtained near Chew Magna but this has no buildings upon it and has not been developed apart from the provision of a water supply.

The Institutions for Tuberculosis are discussed under that section. No Institutional beds are provided for maternity cases.

2. **Subsidized by the Council.** At Bath 24 beds are retained for Orthopaedic cases from the administrative County at the Bath, Somerset and Wilts Children's Orthopaedic Hospital. At Bridgwater 6 beds are retained for infants (see page 28).

Grants which, in most cases, are one third of the maintenance charges are paid to a number of Isolation Hospitals in the County provided they are maintained and managed to the satisfaction of the County Council. These hospitals are :—

Minehead, Watchet, and Williton Hospital.
Shepton Mallet Joint Isolation Hospital.
Taunton Joint Isolation Hospital.
Wincanton Isolation Hospital.

3. **Isolation Hospitals provided by Local Sanitary Authorities.** *Urban areas.* Isolation Hospital accommodation is provided for Bridgwater, Clevedon, Frome, Glastonbury, Minehead, Shepton Mallet, Street, Taunton, Watchet, Wells, Weston-super-Mare and Yeovil. There is no provision for Burnham, Chard, Crewkerne, Highbridge, Ilminster, Midsomer Norton, Portishead, Radstock, Wellington and Wiveliscombe.

Rural areas. Some Isolation Hospital accommodation is provided for Bath, Frome, Keynsham, Langport, Long Ashton, Shepton Mallet, Taunton, Williton and Wincanton. There is no provision for Axbridge, Bridgwater, Chard, Clutton, Dulverton, Wellington, Wells and Yeovil.

No additional isolation hospitals were provided during the year.

TABLE VI.

Cases removed to Isolation Hospitals.

DISTRICT	Cases removed to Hospital.				Percentage of Cases removed to Hospital.		
	Scarlet Fever.	Diphtheria.	Enteric Fever.	Other Diseases.	Scarlet Fever.	Diphtheria.	Enteric Fever.
URBAN :—							
Bridgwater	24	6	0	0	89	100	—
Burnham	1	0	0	0	100	0	—
Chard	0	0	0	0	0	0	—
Clevedon	0	1	0	0	—	100	—
Crewkerne	0	0	0	0	0	0	—
Frome	0	24	0	0	—	89	—
Glastonbury	4	0	0	0	40	—	—
Highbridge	0	0	0	0	0	0	—
Ilminster	0	0	0	0	0	—	0
Midsomer Norton	6	0	0	0	32	0	—
Minehead	8	5	0	0	100	100	—
Portishead	0	0	0	0	0	—	—
Radstock	1	0	0	0	5	—	—
Shepton Mallet	0	2	0	0	—	33	—
Street	6	0	0	0	100	0	—
Taunton	14	11	0	0	88	100	0
Watchet	0	0	0	0	—	—	—
Wellington	0	0	0	0	0	—	—
Wells	3	0	0	0	100	—	0
Weston-super-Mare	25	6	1	0	66	100	100
Wiveliscombe	0	0	0	0	—	—	—
Yeovil	0	0	0	0	—	—	0
Total Urban	92	55	1	0	53	68	14
RURAL :—							
Axbridge	0	0	0	0	0	0	—
Bath	31	1	0	0	46	100	—
Bridgwater	0	0	1	0	0	0	100
Chard	0	0	0	0	0	0	—
Clutton	5	0	0	0	9	0	—
Dulverton	0	0	0	0	—	—	0
Frome	9	2	0	0	53	67	—
Keynsham	16	5	0	0	57	63	0
Langport	5	0	0	0	56	—	—
Long Ashton	25	3	1	0	78	60	100
Shepton Mallet	36	3	3	0	92	100	100
Taunton	6	21	2	0	100	100	100
Wellington	0	0	0	0	0	—	—
Wells	10	0	2	0	34	0	67
Williton	23	1	0	0	66	100	—
Wincanton	4	31	0	0	44	97	—
Yeovil	0	0	0	0	0	—	—
Total Rural	170	67	9	0	47	66	75
County Total	262	122	10	0	49	67	52

VENEREAL DISEASES.

The attendances of Somerset cases at the different clinics for the year 1926 were as follows :—

Clinic.	New cases 1926	Attendances 1926	NEW CASES.				ATTENDANCES.		
			1923.	1924.	1925	Increase or decrease during 1926.	1924.	1925.	Increase or decrease during 1926.
Bath	19	259	24	26	19	0	270	224	+ 35
*Bristol General Hospital	10	64	15	4	18	— 8	102	121	— 57
Bristol Royal Infirmary	28	271	37	12	19	+ 9	219	142	+129
Taunton	69	1,282	61	69	74	— 5	1,197	1,037	+245
Yeovil	42	534	20	35	25	+17	428	362	+172
Bridgwater	38	547	36	40	50	—12	441	517	+ 30
Chard	0	0	2	2	0	0	4	0	0
Frome	8	83	8	6	7	+ 1	133	91	— 8
Glastonbury	4	43	3	3	2	+ 2	36	3	+ 40
Minehead	8	163	10	16	10	— 2	264	146	+ 17
Radstock	5	32	5	6	3	+ 2	46	53	— 21
Weston-super-Mare	50	743	39	53	46	+ 4	767	743	0
All Clinics	281	4,021	260	272	273	+ 8	3,907	3,439	+582

*Six months only.

The figures show that the number of new cases is practically unaltered but that there is a considerable increase in the number of attendances. The increases are chiefly at Taunton and Yeovil. No less than 80 per cent. of the new cases and 85 per cent. of the total attendances were at County Council clinics. The Wincanton and Chard clinics are not now used.

With this system of multiple clinics it is possible for every case to obtain treatment at a reasonable distance from his or her home, and the thorough following up of cases is in this way materially facilitated. Patients are now attending until cure is effected very much better than in the earlier years. In general the Medical profession is co-operating well with the scheme and many cases are sent to the clinics through medical men. No beds are now available except in connection with the above-mentioned Hospitals. With these, arrangements are made whereby cases can be sent in as in-patients should this be necessary. From time to time the facilities offered are widely advertised through the Local Authorities, posters in sanitary conveniences, etc., while periodically circulars are sent to medical men. Medical Practitioners in the County qualified to receive supplies of arsenobenzol compounds can obtain them free of charge on request to the County Medical Officer. Only 18 Medical Practitioners are on this free list.

Bacteriological work in connection with venereal diseases is arranged for either in connection with Bristol University Laboratory or at the County Health Laboratory.

During the year the following samples were examined :—

Samples.	For Medical Officers of Clinics	For Medical Practitioners.	Total.
Wasserman	242	137	379
Gonococcus	648	51	699
	890	188	1,078

TUBERCULOSIS

No fresh developments of the Scheme for dealing with pulmonary tuberculosis took place during 1926 but there were considerable alterations as regards non-pulmonary tuberculosis. The Merthyr Guest Hospital, Templecombe, was given up from the end of August. The County Council authorised up to 8 cases at a time being maintained at the Lord Mayor Treloar's Cripple Hospital, Alton, and Hayling Island. Other cases are dealt with at the Bath Childrens' Orthopaedic Hospital. Artificial Light treatment was inaugurated for tuberculosis and other cases at two centres, but this was only started at the end of the year.

TABLE VII.

Year.	Phthisis Death rates			Other Tuberculous Diseases			Tuberculosis Death-rate.	Deaths in a population of 390,000.	
	Rural.	Urban.	County.	Rural.	Urban.	County.	County.	Phthisis.*	All Tuberculosis
1901	0.88	0.84	0.871	0.18	0.23	0.202	1.073	340	418
1902	0.86	0.89	0.877	0.20	0.19	0.201	1.078	342	420
1903	0.94	0.76	0.879	0.19	0.34	0.251	1.130	343	441
1904	0.99	0.97	0.989	0.20	0.34	0.255	1.244	386	485
1905	0.90	0.91	0.905	0.14	0.18	0.162	1.067	353	416
1906	0.90	0.86	0.890	0.13	0.37	0.221	1.111	347	433
1907	0.83	0.85	0.842	0.24	0.26	0.253	1.095	328	427
1908	0.91	0.93	0.922	0.24	0.31	0.274	1.196	360	466
1909	0.82	0.85	0.833	0.24	0.27	0.255	1.088	325	424
1910	0.98	0.78	0.912	0.16	0.24	0.197	1.109	356	433
1911	0.83	0.76	0.804	0.15	0.39	0.240	1.044	314	407
1912	0.69	0.90	0.778	0.17	0.20	0.191	0.970	303	378
1913	0.74	0.67	0.721	0.15	0.30	0.239	0.960	281	374
1914	0.86	0.79	0.833	0.21	0.26	0.232	1.065	325	415
1915	0.84	1.13	0.960	0.18	0.23	0.201	1.160	374	452
1916	0.75	0.97	0.838	0.16	0.25	0.194	1.032	327	402
1917	0.90	1.05	0.962	0.18	0.21	0.191	1.153	375	450
1918	1.09	1.30	1.180	0.21	0.24	0.225	1.403	460	547
1919	0.85	0.90	0.871	0.21	0.22	0.212	1.083	341	422
1920	0.65	0.93	0.765	0.14	0.27	0.196	0.961	298	375
1921	0.63	0.76	0.685	0.16	0.30	0.220	0.904	267	353
1922	0.75	0.78	0.761	0.18	0.18	0.180	0.941	297	367
1923	0.65	0.76	0.696	0.19	0.22	0.206	0.902	271	352
1924	0.60	0.74	0.656	0.15	0.13	0.140	0.797	256	311
1925	0.61	0.73	0.659	0.12	0.14	0.126	0.784	257	306
1926	0.53	0.54	0.533	0.13	0.14	0.138	0.671	208	262

The tuberculosis death-rate is again the lowest on record and the decline for 1926 is particularly large. This continued and marked decline is most satisfactory and worthy of special attention. The actual results achieved are most clearly seen when the figures are calculated on a standard population of 390,000 which is about the present population of the Administrative County. These figures are set out and show that as many as 156 fewer persons died from tuberculosis in the County in 1926 than would have been the case 25 years ago with the same population. The main part of the decline is as regards tuberculosis of the lungs and the diminution in non-pulmonary tuberculosis has not been marked.

TABLE VIII.

New cases of tuberculosis and of deaths from the disease in the County during 1926.

Age Periods	New cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F.	M.	F.	M.	F.	M.	F.
0—1	0	0	3	0	0	0	2	2
1—5	4	5	10	3	2	0	2	3
5—10	23	15	23	14	2	5	3	10
10—15	25	32	12	17				
15—20	19	47	12	6	21	32	3	5
20—25	33	54	6	5				
25—35	63	80	10	19	52	51	7	9
35—45	47	45	5	4				
45—55	24	22	4	1	21	16	3	3
55—65	9	8	2	3				
65 and upwards	4	9	1	1	5	6		3
Totals	251	317	88	73	103	110	20	35

The following figures show the deaths, notifications and number of cases under supervision since 1913 :—

TABLE IX.

Year.	Deaths.	*Notifications.	Living Cases.
1913	377	958	429
1914	422	984	832
1915	428	933	1,238
1916	467	872	1,538
1917	393	1,036	2,053
1918	480	949	2,417
1919	388	922	2,864
1920	358	860	3,286
1921	350	882	3,754
1922	366	732	4,120
1923	354	707	4,473
1924	317	701	4,857
1925	312	769	5,314
1926	268	729	5,775

*These are primary cases only and do not include institutional cases.

TABLE X.
Tuberculosis Notifications and Deaths.

URBAN DISTRICTS.	Number of cases notified.				Number of primary notifications per 1,000 population.	Number of Deaths during the year from Pulmonary Tuberculosis	Number of Deaths during the year from other varieties of Tuberculosis.	RURAL DISTRICTS.	Number of cases notified.				Number of primary notifications per 1,000 population.	Number of Deaths during the year from Pulmonary Tuberculosis.	Number of Deaths during the year from other varieties of Tuberculosis.
	Pulm.		Non-Pulm.						Pulm.		Non-Pulm.				
	Inst.	Non-Inst.	Inst.	Non-Inst.					Inst.	Non-Inst.	Inst.	Non-Inst.			
Bridgwater	25	37	0	3	2.46	12	0	Axbridge	12	38	2	10	1.98	10	12
Burnham	0	7	0	1	1.51	0	1	Bath	11	20	1	2	1.53	4	0
Chard	2	3	0	0	0.72	2	0	Bridgwater	9	17	1	2	1.09	12	1
Clevedon	5	8	0	2	1.54	0	1	Chard	7	23	1	13	2.93	5	2
Crewkerne	1	10	0	1	3.06	1	0	Clutton	0	14	0	9	1.44	13	1
Frome	5	13	1	10	2.13	3	3	Dulverton	3	7	0	4	2.35	4	0
Glastonbury	0	2	0	1	0.67	2	0	Frome	2	8	0	3	1.02	7	2
Highbridge	0	2	0	3	1.92	0	0	Keynsham	7	9	0	9	1.62	4	1
Ilminster	2	0	0	4	1.81	0	0	Langport	5	15	0	5	1.56	8	2
Midsomer Norton	1	4	0	7	1.36	3	1	Long Ashton	8	31	1	6	1.87	10	2
Minehead	11	16	1	3	3.23	5	0	Shepton Mallet	0	8	1	6	1.43	3	1
Portishead	0	5	0	0	1.30	1	1	Taunton	11	25	0	2	1.63	11	1
Radstock	0	6	0	2	2.08	2	2	Wellington	0	9	0	2	1.92	1	0
Shepton Mallet	0	5	0	2	1.65	3	1	Wells	2	15	0	4	1.81	6	2
Street	0	7	0	2	2.02	1	1	Williton	1	16	0	7	1.92	4	0
Taunton	34	57	1	7	2.67	17	9	Wincanton	8	17	2	5	1.35	12	0
Watchet	0	4	0	2	3.29	1	0	Yeovil	8	21	1	3	1.39	8	4
Wellington	2	12	0	1	1.84	8	0								
Wells	0	9	0	3	2.70	2	1								
Weston-s-Mare	16	43	0	7	1.89	17	1								
Wiveliscombe	0	1	0	2	2.38	1	0								
Yeovil	8	24	0	6	1.82	10	2								
Totals	112	275	3	69	2.05	91	24	Totals	94	293	10	92	1.66	122	31

Summary of Treatment given during 1926.

Sanatorium	194
Sanatorium with Dispensary	31
„ Domiciliary (without shelter)	56
„ „ (with shelter)	7
„ Dispensary and Domiciliary	9
Dispensary and Domiciliary	8
Dispensary (3 with shelter)	226
Shelter provided at home	19

Thirty-two of these cases were under treatment but were unnotified as the cases were doubtful. In addition, milk, for a period of two months, was provided for 66 cases and nursing for 1 case.

Unused buildings at Quantock Sanatorium were again utilized during 1926, as a Summer Camp. Children were selected who were predisposed to tuberculosis on account of general debility or undernourishment, with special attention to those from homes in which there was an active case of tuberculosis. Of such children, 40 girls and 40 boys were each given 4 weeks treatment under open air conditions and on the lines of a holiday camp. The increase in weight and marked improvement in general health which resulted was most satisfactory. This work must be regarded as an important piece of tuberculosis preventive work. The Staff utilised was almost entirely voluntary.

Dr. Short, County Tuberculosis Officer, has drawn up the following tables and remarks dealing with the treatment given under the County Council scheme and the results obtained.

Tuberculosis Officer's Clinical Report for 1926.

The work of the Tuberculosis Section continues to increase in spite of the gratifying decrease in the mortality from this dread disease. This is evidenced by the fact that 1,683 fresh persons presented themselves for examination and report by the County Tuberculosis Officers during the year, while the total attendances made at the Dispensaries were no fewer than 11,573.

Both these totals are an advance on the heavy figures of the previous year, and in addition, it may fairly be said that more is being done now for the tuberculous person than ever before, so that increased demands are placed upon the County staff as a natural consequence of this definite and steady progress.

The 1,683 new cases examined were diagnosed as follows :—

Pulmonary Tuberculosis	T. B. Negative	.....	.....	354
	T.B. + Stage 1	.....	.....	15
	T.B. + „ 2	.....	.....	88
	T.B. + „ 3	.....	.....	52
				<hr/>
				509
Non-Pulmonary Tuberculosis	.....	.....	.....	96
Not Tuberculous	.....	.....	.....	929
Still under observation	.....	.....	.....	149
				<hr/>
				1683
				<hr/>

This means that 369 people were discovered in a curable stage of tuberculosis and put on the road to recovery, which otherwise they might never have found, and only 52 were brought in so late that all their chances had already gone. This, I am glad to report is again an improvement on last year's record.

The outstanding feature of the year has been the remarkable fall in the death-rate from tuberculosis of the lungs, particularly in Urban districts, though both the urban and rural rates are much the lowest on record. This is the fruit of a generous outlay of money on the part of the Council, and also of much patient and determined toil, sometimes at personal risk, on the part of the county staff, and while Somerset shares in a widely diffused decrease of mortality, there are few administrative areas which have benefited to a similar extent.

The very success of the scheme, however, makes it necessary to point out that there are now more living cases of known tuberculosis in the County than at any previous time, and therefore the known potential sources of infection are a large army, needing increased and untiring vigilance on the part of the preventive staff, as a case which has remained "safe" for a long time may suddenly and without any warning become "live," and a source of risk.

Patients are remaining in our County Sanatoria longer than they used to do, and though this unfortunately limits the number of admissions and causes a long period of waiting for other patients, yet the end results should be all to the good, and relapses should become fewer in the future years.

The tables of results have been modified to meet the demands of the Ministry of Health, but they incorporate the results published in previous years.

L. J. SHORT.

TABLE XI.

Admissions to Sanatorium during 1926.

Sanatorium.	Men.		Women.	Children.	Total.
	Civilian.	Ex-Service.			
Quantock	62	7	76	2	147
Taunton	24	1	16	1	42
Wincanton	18	2	13	1	34
Compton Bishop	—	—	—	34	34
Templecombe	—	—	—	9	9
Wells Hospital	—	—	1	—	1
Alton Hospital	—	—	—	1	1
Bath Ortho. Hospital	—	—	—	9	9
Liphook	—	1	—	—	1
	104	11	106	57	278

TABLE XII.

Cases treated through the County Dispensaries.

Dispensary.	Persons treated at Dispensaries during 1926.		Under treatment at Dispensaries Dec. 31st, 1926.		Total Dispensary Atten- dances, 1926.	Total Persons examined 1926.
	Insured.	Uninsured.	Insured.	Uninsured		
Bath (City)	123	323	34	87	2,313	675
Bath (County)	1	50	0	16	507	142
Bridgwater	9	75	5	68	887	361
Bristol	3	60	0	18	681	298
Chard	26	70	20	59	329	120
Cheddar	3	25	1	19	256	76
Clevedon	14	51	10	31	476	163
Frome	10	44	4	22	335	144
Glastonbury	15	55	8	36	462	186
Langport	15	34	11	23	240	89
Minehead	8	164	5	159	808	293
Radstock	5	75	2	62	641	105
Shepton Mallet	0	30	0	21	347	109
Taunton	0	150	0	82	1,098	281
Wellington	27	79	26	66	455	143
Weston-s-Mare	15	55	8	33	739	286
Wincanton	2	29	2	23	192	81
Yeovil	62	98	11	10	807	318
	338	1,467	147	835	11,573	3,870
	1,805		982			

TABLE XIII.
Complete results as regards working capacity.
Percentages.

All years, (1912-1926).		Cured.	Working.	Not Working.	Dead.	Lost sight of or Removed.	Total cases.
Men	Cases	648	480	247	847	202	2,424
	Percentage	27	20	10	35	8	
Women	Cases	580	524	274	727	197	2,302
	Percentage	25	23	12	32	8	
Children	Cases	1,065	620	152	116	147	2,100
	Percentage	51	30	7	5	7	
Un- Classified	Cases	—	—	—	124	235	359
	Percentage	—	—	—	35	65	
	Cases	2,293	1,624	673	1,814	781	7,185
	Percentage	32	23	9	25	11	

TABLE XIV.

Table showing the work of the Dispensaries during the Year 1926.

[illegible]

TABLE XV.

Table showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during the year 1926.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL.	
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
PULMONARY TUBERCULOSIS.	Quiescent	4	5	—	14	10	5	7	12	11	—	—	8	76	
	Improved	5	13	3	5	8	1	6	8	3	—	—	2	54	
	No material improvement	1	4	—	—	2	—	—	1	1	—	—	—		
	Died in Institution	—	—	—	1	1	1	—	—	—	—	—	—		
	Quiescent	—	—	—	1	—	—	—	—	—	—	—	—	1	
	Improved	—	—	—	—	—	—	—	—	—	—	—	—	—	
	No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Quiescent	—	—	—	1	2	—	1	1	—	—	—	—	5	
	Improved	3	3	—	11	9	—	15	7	—	1	2	—	51	
	No material improvement	4	—	—	1	—	—	—	—	—	—	—	—	5	
	Died in Institution	—	—	—	—	1	—	—	—	—	—	—	—	1	
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Improved	—	1	—	3	2	—	3	4	—	—	—	—	13	
	No material improvement	6	2	—	1	—	—	7	1	—	—	1	—	18	
	Died in Institution	9	3	—	1	1	—	1	1	—	3	—	—	19	
	NON-PULMONARY TUBERCULOSIS	Quiescent or Arrested	—	—	—	—	—	—	—	—	1	—	—	1	2
		Improved	—	—	4	—	—	—	—	—	—	—	—	—	4
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
Quiescent or Arrested		—	—	1	—	—	—	—	—	3	—	—	—	4	
Improved		—	—	—	—	—	—	—	—	—	—	2	—	2	
No Material improvement		—	—	1	—	—	—	—	—	—	—	—	—	1	
Died in Institution		—	—	—	—	—	—	—	—	—	—	—	—	—	
Quiescent or Arrested		—	—	—	—	—	—	—	—	1	—	—	—	1	
Improved		—	—	—	—	—	—	—	—	—	—	—	—	—	
No material improvement		—	—	—	—	—	—	—	—	—	—	—	—	—	
Died in Institution		—	—	—	—	—	—	—	—	—	—	—	—	—	
Quiescent or Arrested		—	—	—	—	—	—	—	—	4	—	—	2	6	
Improved		—	—	2	—	—	1	—	—	—	—	—	1	4	
No material improvement		—	—	—	—	—	—	—	—	—	—	—	—	—	
Died in Institution		—	—	—	—	—	—	—	—	—	—	—	—	—	
Observation for purpose of diagnosis.		Under week.			1-2 weeks.			2-4 weeks.			More than 4 weeks.				
	Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-tuberculosis	—	—	—	—	—	—	—	—	—	—	1	—	1	
	Doubtful	—	—	—	—	—	—	—	—	—	1	—	—	1	

TABLE XVI.

Table showing in summary form, the condition of all patients whose case records are in the possession of the Dispensaries at the end of 1926, arranged according to the years in which the Patients first came under Public Medical Treatment.

Condition at the time of the last record made during the year to which the Return relates.			PULMONARY AND NON-PULMONARY.		PULMONARY.					NON-PULMONARY.					
			Previous to 1926		1926.					1926.					
			ALL GROUPS.		Class T.B. minus.	Class T. B. plus.				Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands	Total.	
Alive	CURED.	Adults	M.	648	-	-	-	-	-	-	-	-	-	-	
		Chil-dren.	F.	580	-	-	-	-	-	-	-	-	-	-	
			M. } F. }	1065	-	-	-	-	-	-	-	-	-	-	
		WORKING.	Adults	M.	404	53	4	11	-	15	7	1	-	-	8
	Chil-dren.		F.	450	60	2	3	1	6	-	3	-	5	8	
			M. } F. }	531	34	-	-	-	-	2	5	2	13	22	
	NOT WORKING.		Adults	F.	133	81	1	35	12	48	5	4	-	3	12
		M. } F. }		83	30	-	-	-	-	5	4	1	5	15	
		Chil-dren.	F.	18	-	-	-	-	1	1	2	2	6		
			LOST SIGHT OF OR REMOVED				770	5	-	-	2	2	2	-	-	2	4
	DEAD.	Adults	M.	826	3	1	2	15	18	-	-	-	-	-	
			F.	705	9	1	2	8	11	1	1	-	-	2	
Chil-dren.		M. } F. }	114	-	-	-	-	-	-	-	-	-	-		
		F.	2	-	-	-	-	-	-	-	-	-	-		
DEAD (Unclassified)				124	-	-	-	-	-	-	-	-	-		
Totals				6580	354	15	88	52	155	26	22	7	41	96	

Quantock Sanatorium The Superintendent, Dr. J. C. McMillan, has furnished the following report :—

During the year 1926, 147 cases were admitted, 71 males and 76 females. 143 cases were discharged, 69 males and 74 females. The average stay for all patients was 153 days (males 152.7 ; females 153.4).

Since the opening of the Sanatorium on the 15th June, 1925, the average stay for all patients has been 139.7 days or approximately 20 weeks. Seven patients left the Sanatorium during 1926 before the completion of 4 weeks treatment, mostly because of being unsuitable cases or for domestic reasons.

Results of Treatment

Increase in weight. (in lbs.)	1—5	5—10.	10—15.	15—20.	Over 20.	Total.
Males	7	17	22	5	6	57
Females	10	26	14	8	3	61

The average gain in weight of all patients (134) weighed on discharge = 9.2 lbs.

The average loss in weight of 15 patients weighed on discharge = 3.3 lbs.

Nine patients were not weighed on discharge as they were on absolute rest.

Working capacity of patients on admission and discharge.

	Full working capacity.		Fit for light work.		Unfit for work.	
	Admission.	Discharge.	Admission.	Discharge.	Admission.	Discharge.
Males	0	34 = 49.2 %	4	20 = 29 %	65	15 = 21.7 %
Females	0	44 = 59.4 %	8	15 = 20.2 %	66	15 = 20.2 %

On admission 91.6 % of all patients were unfit for any work, 8.4 % were fit for light work. On discharge 54.4 % of all patients were fit for full work, 24.4 % for light work and 21 % were unfit for work.

Duration of Treatment and Condition on discharge.

		Under 3 months.			3—6 months.			6—12 months.			Total.
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class TB Minus.	Quiescent	3	7	0	12	11	1	6	13	0	53
	Improved	5	7	0	2	4	0	4	6	1	29
	No material improvement	3	5	0	1	1	0	0	1	0	11
	Died	0	0	0	0	0	0	0	0	0	0
Class TB + Group 1.	Quiescent	0	0	0	1	0	0	0	0	0	1
	Improved	0	0	0	0	0	0	0	0	0	0
	No material improvement	0	0	0	0	0	0	0	0	0	0
	Died	0	0	0	0	0	0	0	0	0	0
Class TB + Group 2.	Quiescent	0	0	0	0	0	0	1	1	0	2
	Improved	3	3	0	7	3	0	9	5	0	30
	No material improvement	0	0	0	1	0	0	2	0	0	3
	Died	0	0	0	0	0	0	0	0	0	0
Class TB + Group 3.	Quiescent	0	0	0	0	0	0	0	0	0	0
	Improved	1	0	0	1	1	0	1	2	0	6
	No material improvement	2	2	0	2	0	0	1	1	0	8
	Died	0	0	0	0	0	0	0	0	0	0

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In 23 out of a total of 69 men discharged (in all stages of the disease) the disease was quiescent = 33.3 %.

In 32 out of a total of 74 women discharged (in all stages of the disease) the disease was quiescent = 43.24 %

With early cases there is a greater chance of obtaining "quiescence" than in the more advanced cases.

Classification on admission of the cases discharged during 1926.

				Tubercle Bacilli.					
				Positive		Negative			
Classification.	No.	%	M.	F.	M.	F.	M.	F.	
Early	27	18.8	9	18	1	0	8	18	
Intermediate	101	70.6	51	50	23	13	28	37	
Advanced	15	10.5	9	6	8	5	1	1	

Complications. Tubercular complications presented by the patients were, larynx 7, glands of neck 6, abdomen 3, pleural effusion 1, knee 1, shoulder 1, epididymitis 1, Addisons' Disease 1.

The important part of the treatment, as explained to each patient, is the regular rest hours the regular meals and the open air conditions under which the patient must live. The graduated walks, and graduated labour form a less important part of the treatment. These are used with a view to produce stimulating autoinoculations from the patient's lung lesion, and as a hardening process in the later stages of treatment.

Each patient's exercise is controlled daily and this is essential so as to avoid unfortunate relapses which are liable to occur from excessive auto-inoculation, if the patient is allowed to continue his exercise for some days without proper supervision. By seeing each patient every day and watching his temperature for any slight continuous rise, these unfortunate occurrences can very often be prevented.

The rest hours are a very essential part of the treatment and are carefully enforced. The patients lie on their beds in the wards from 9—9.45 a.m., 11.45—12.30 p.m., 3.45—4.30 p.m., and from 6—7 p.m. During the summer months the patients rest on deck chairs in front of their rest houses.

The graduated work ranges from light work in the Sanatorium, cleaning brasses, windows, up to heavy gardening, barrow work, sawing logs, etc. A special wood shed has been erected so that the patient's work need not be interrupted on wet days.

Dental treatment is very important. It would be better if dental treatment could be completed before admission, because patients have a certain degree of relapse from the shock of extractions. Arrangements have been made for patients to obtain dental treatment at a moderate cost, although insured patients can generally receive free dental treatment now under the National Health Insurance Scheme. One of the County Dental Officers visits the Sanatorium regularly and recommends what dental treatment he considers necessary.

Most of the patients who showed a gain in weight on their discharge had been on the heavier grades of work for some time, so that they should not lose it so quickly on returning to their homes. Where patients are treated without graduated labour it is found that any gain in weight is lost almost immediately after their discharge. As a rule a gain in weight is a good sign, but sometimes a patient will continue to gain in weight, although his disease is so active as to prevent him doing light work without a rise in temperature. Persistent loss of weight is an unfavourable sign and is sometimes accompanied by a rapid pulse and an evening rise in temperature; such cases do not do well and are usually going downhill. The "wiry" type of patient may not increase his weight although his lung condition may show marked improvement.

The X-ray apparatus installed shortly after the opening of the Sanatorium has been used to screen many patients as a diagnostic measure.

Social Side. To counteract the depression and boredom which often arise from the monotonous regime of sanatorium life, and thus obtain the best results, it is very important that the Sanatorium Staff give of their best, not only in the nursing and treatment of the patients but also in relieving this tendency to depression. If thoroughly carried out this branch of the work is very exacting. There is one recreation room for males and one for females. The men have a very good full sized billiard table in their recreation room, which was an anonymous gift to the Sanatorium. Billiard competitions are arranged frequently. Other games are also supplied, such as croquet, clock golf, ping-pong, etc. The Sanatorium is also supplied with a gramophone and a good wireless set, with loud speaker for patients and staff, also a good piano. Whist drives are arranged occasionally for the patients. Concert parties also visit the Sanatorium from time to time, to entertain the patients, more especially during the winter months when the patients cannot play out door games. There is also a small canteen for the use of patients and staff. The profits go entirely towards paying for extra amusements, providing prizes and for buying games, gramophone records, etc.

The library, which consists of books which have been presented by different people from time to time, is still rather small and presents of books, especially of the amusing variety, would be greatly appreciated.

MATERNITY AND INFANT WELFARE.

The Midwifery Service. The number of certified midwives who gave notice of their intention to practise during 1926 was 336, consisting of 320 trained and 16 "bona-fide" midwives.

Midwives Act. The percentage of 1926 births in the County attended by trained midwives as midwives was 56.9, by bona-fide 2.1, the remaining 41 per cent. being for the most part attended by medical men, a small but uncertain proportion being attended by uncertified women.

The proportion of cases taken by trained midwives steadily increases. For example, 10 years previously (1916) the trained midwives attended 35.3, the bona-fide 7.7 per cent and the doctors' cases were 57 per cent. It is fitting and necessary therefore that more and more attention should be paid to the training and supervision of midwives.

During the year 983 visits of inspection were made to trained midwives and 34 visits to bona-fide midwives, representing an average of 4.05 visits to each trained and 3.1 visits to each bona-fide midwife.

Summary for all Midwives during the year.

	<i>Trained</i>	<i>Bona-fide.</i>	<i>Total.</i>
Cases attended as Midwife	3460	126	3586
Cases attended as Monthly Nurse	1141	15	1156
Doctor sent for for Mother	751	20	771
Doctor sent for for Child	159	3	162
Still Births	75	3	78
Death of Mother	3	0	3
Death of Child	9	0	9

A doctor was called in under Section 14 of the Midwives' Act in 26.3 per cent. of their cases by the trained and in 18.2 per cent. of cases by the bona-fide midwives. For both classes of cases this was 26.0 per cent.

During the year 778 doctors' accounts were paid under the contributory scheme, at a cost of £1,182 8s. 3d., while the contributory fees were £670 15s. 0d., the deficit payable by the County Council being £511 13s. 3d. The average doctor's fee per case was £1 10s. 5d. Fees amounting to £56 8s. 0d. were paid in 34 cases not coming under the scheme, and of this £30 13s. 6d. was recovered. Apart from Central Office expenses, the cost of working this section of the Midwives' Act for 1926 was, therefore, £537 7s. 9d. This is £160 17s. 3d. more than in the previous year.

Puerperal Fever and Puerperal Pyrexia. During the year 27 cases of Puerperal Fever were notified with six deaths. The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations 1926, came into force October 1st, 1926. The expression "Puerperal Fever" is an indefinite and therefore unsatisfactory one. At present two terms are retained, but probably in time one term will be substituted for the two. Puerperal Pyrexia is definitely defined as "Any febrile condition occurring in a woman within 21 days after childbirth or miscarriage in which a temperature of 100.4° F. or more has been sustained during a period of 24 hours or has recurred during that period." While such a definition is clear cut it must include many conditions of no dangerous significance so the number of such notifications is likely to be considerable.

The regulations have to be enforced by the Local Sanitary Authorities but facilities for treatment are provided by the Authorities who are administering Maternity and Child Welfare Schemes. These include a second opinion on the case by an expert, bacteriological examinations, hospital treatment, and the provision of trained nurses. Arrangements have been made by the County

Council to supply all these except the second medical opinion.

All cases of puerperal fever connected with midwives, or midwives acting as monthly nurses, are fully investigated.

Ophthalmia Neonatorum. During the year 23 cases were notified, while there were two unnotified cases which came to my notice. The distribution of the notified cases is shown in Table V.

Of the 23 notified cases, in one the eye condition cleared up but the baby died, one was transferred to outside the County two weeks after notification, the eye condition then having nearly cleared up, one showed definite vision loss, while the other 20 completely recovered with no loss of vision. The case with loss of vision occurred in a Union Infirmary, and was subsequently removed to Taunton Hospital for treatment. The sight of one eye is probably lost.

Of the two unnotified cases, one was at Bridgwater, and was left with considerable eye damage. The other was at Hutton, and although treatment was obtained later on at the Bristol Eye Hospital it was too late to prevent extensive damage and permanent loss of vision. Both cases illustrate the importance of notification, and the need for prompt intensive treatment.

The Public Health (Ophthalmia Neonatorum) Regulations, 1926, came into force October 1st, and enabled hospital and nursing provision to be provided by the County Council. The notifications include mild cases of slight inflammation in the new born babe which clear up readily under ordinary treatment. The severe (gonorrhoeal) infections on the other hand, require prompt and intensive treatment and constant care if the eyes are to be kept undamaged. For these cases hospital treatment is most valuable.

Maternity Homes. From January 1st, 1927, these have to be registered with the Local Supervising Authority, so any discussion is best deferred to next year's report. They include homes carried on by public bodies or by Nursing Associations, such as those at Bridgwater, Butleigh, Minehead, Wellington and Yeovil, and homes run by private individuals for profit. It is very desirable that the latter should be registered and supervised.

Milk Grants. Throughout the year milk was granted to necessitous cases under the Milk (Mothers and Children) Orders of the Ministry of Health. Grants were made to 2,344 cases at an estimated cost of £732. 241 more cases were assisted than in 1925 at an increased cost of £53.

These grants were rather more numerous owing to the Coal Strike and its influence on earnings in different parts of the County. The grants were carefully made and supervised, and given as allowances for specific public health purposes. Of the grants made about 15 per cent. were to expectant mothers, 51 per cent. to nursing mothers, and 34 per cent. to children under five years of age. Great care is taken to prevent abuse and to see that the milk is taken only by the person for whom it is intended.

Rate of Infantile Mortality. This is the number of deaths under one year of age per 1,000 births. For 1926 it is 52.16 which is higher than the previous year but still very low. The causes of the 317 deaths are shown in Table A (at end of report).

Table XVII shows the months of death. These figures do not exactly correspond with those in Table A, as the latter is taken from the Registrar General's figures, and this Table is from figures given by the District Medical Officers of Health, obtained from the local Registrars.

This Table shows that 186 of the 320 deaths under one year of age took place before the child was a month old. This is 58 per cent., and of these 59 per cent. took place before the infant was a week old. In other words a large proportion of the deaths are pre-natal in origin and illustrates the importance of pre-natal work. These figures are very satisfactory and show the immense reduction in the volume of infantile deaths and of ill-health.

Ante-Natal Work. As mentioned in my report for the previous year, this is now an important part of the work. Ante-natal cards are supplied to all the midwives upon which to record their visits before birth, and the results of those visits. Arrangements are available for the examination of urine and other specimens in the County Laboratory free of cost to midwives. Leaflets to expectant mothers are supplied and distributed. Special attention is paid to granting milk to expectant mothers. This side of the work is bound to advance slowly but satisfactory progress is being made.

Work of Infant Visitors. The work has been on the same lines as in previous years.

The births during 1926 were referred for visits as follows :—

		Rural.	Urban.	Total.
Whole-time County Staff	.....	397	392	789
District Nurses	.....	3219	1137	4356
		<hr/>	<hr/>	<hr/>
		3616	1529	5145
		<hr/>	<hr/>	<hr/>

Special supervision is given to illegitimate children, while all the Infant Visitors are instructed to give their chief attention to the cases which from their earlier visits they find need special attention. Some cases, for example, are visited only every 3 to 4 months, others perhaps twice a month.

Up to the present year supervision after the first year was only continued for cases which were considered to require special supervision. An important extension was made from May 1st 1926, when the supervision of all children was continued for the second year also. The aim was to give further advice as to upbringing, and in particular to detect all early rickets cases.

TABLE XVII.
DEATHS UNDER 1 YEAR OLD.

URBAN.	Under 1 week.	1—4 weeks (inclusive)	Total under 1 month.	1—6 months.	6—12 months.	Total Deaths under 1 year.	RURAL.	Under 1 week.	1—4 weeks (inclusive).	Total under 1 month.	1—6 months.	6—12 months.	Total Deaths under 1 year.
Bridgwater	3	4	7	4	2	13	Axbridge	5	6	11	10	3	24
Burnham	1	0	1	1	0	2	Bath	5	4	9	3	0	12
Chard	0	0	0	1	0	1	Bridgwater	3	2	5	5	2	12
Clevedon	0	2	2	0	0	2	Chard	6	2	8	4	3	15
Crewkerne	0	0	0	0	0	0	Clutton	7	6	13	4	4	21
Frome	5	4	9	8	0	17	Dulverton	0	1	1	1	1	3
Glastonbury	3	2	5	0	0	5	Frome	5	1	6	3	0	9
Highbridge	1	0	1	0	1	2	Keynsham	1	4	5	1	3	9
Ilminster	0	0	0	0	1	1	Langport	2	2	4	5	2	11
Midsomer Norton	2	1	3	3	2	8	Long Ashton	1	2	3	1	0	4
Minchhead	0	0	0	0	0	0	Shepton Mallet	1	5	6	3	0	9
Portishead	1	1	2	0	1	3	Taunton	1	2	3	4	5	12
Radstock	1	1	2	0	0	2	Wellington	2	0	2	1	0	3
Shepton Mallet	1	1	2	0	0	2	Wells	7	4	11	2	1	14
Street	1	0	1	0	1	2	Williton	1	0	1	1	0	2
Taunton	9	2	11	6	5	22	Wincanton	4	0	4	0	0	4
Watchet	0	0	0	0	0	0	Yeovil	6	8	14	1	4	19
Wellington	5	0	5	2	0	7							
Wells	1	0	1	0	2	3							
Weston-super-Mare	11	5	16	6	2	24							
Wiveliscombe	2	0	2	0	0	2							
Yeovil	6	4	10	4	5	19							
Totals	53	27	80	35	22	137	Totals	57	49	106	49	28	183

Infant Welfare Centres. At the end of 1926 the Centres in the County, exclusive of those at Yeovil, Taunton and Weston-super-Mare which are outside the County Scheme, so far as I am aware, were :—

Centre.	Day of week opened.	Frequency of Meetings.
Bridgwater	Friday	Every week.
Bruton	Tuesday	Alternate weeks.
Chard	Friday	1st and 3rd Friday in every month.
Clevedon	Thursday	Every Thursday except 1st in month. Doctor last Thursdays.
Crewkerne	Tuesday	Alternate weeks.
Frome	Tuesday	Every week.
Harptree	Tuesday	Alternate weeks.
Long Ashton	Monday	Alternate weeks.
Oare, Culbone, etc.	—	—
Pill	Tuesday	1st and 3rd Tuesday in every month.
Shepton Mallet	Friday	Alternate weeks.
Street	Wednesday	Every week for weighing. Once a month Doctor's consultation.
Wraxall	Friday	1st and 3rd Friday in every month.
Wellington	Thursday	Every week. 1st Thursday Doctor's day.
Wells	Tuesday	2nd and 4th Tuesday in every month.

Valuable work is being done at these Centres, but the attendance at many of them is not large. Except Bridgwater none are being worked through the County Council, but its Officers are in touch with all of them and, as far as possible, a close connection is maintained between the work of the Centre and the home visits paid by the County Council staff.

Bridgwater Infant Welfare Work. The following gives some particulars of the work.

Births. During 1926 the number of births notified was 344, of these 256 were attended by midwives. A doctor was called in to help the midwife in 55 cases. 13 babies died during the year, a rate of 42.6 deaths per 1,000 births.

<i>Home Visiting.</i>	No. of children on visiting list	.....	696
	No. of first visits paid	.....	317
	Total visits paid to infants	.....	3942
	Ante-natal visits	.....	85
	Total visits paid during 1926	.....	4027

Milk Grants. 94 grants were made, at an estimated cost of £169. As far as possible it is made a condition that cases receiving milk attend at the Centre so that the benefit of the grants can be estimated. Were it not for the milk grants a very considerable number of mothers would be unable to breast feed who now do so.

<i>Centre.</i> Number of individual children who attended the centre	421
Average weekly attendance of mothers	65
of babies and other children	88
Total number of attendances	6268
Total number of medical consultations for infants	1378
Total number of medical consultations for women	152

The medical work was carried out by Dr. Baker and Dr. Symons until August, then Dr. Symons continued alone, attending each week instead of fortnightly.

The attendances at lectures and talks have been considerable, and during the year averaged an attendance of 40, while 162 individual mothers availed themselves of the lectures. Interest was stimulated by a Baby and Mothercraft Competition.

Ante-natal Work. This was carried on throughout the year both by home visits and by inviting attendance at the Centre. The latter has not been particularly successful as the total attendances have only been 42 with 21 women attending.

There is a very helpful Voluntary Committee which provides voluntary workers for the Centre. Virol, Dried Milk, and Feeding Bottles are supplied at the Centre at cost price; suitable cases are helped out of local funds.

The work at the Centre and in the homes is undoubtedly bearing fruit, there is a higher standard of infant care and more interest is being taken by mothers in mothercraft. Miss Goddard's work has been most devoted and thorough and the Local Committee and Voluntary Staff of the Welfare Centre have been very helpful and have given up much time to the work.

Baby Hospital, Bridgwater. This hospital has continued to be very useful and valuable. Undoubtedly the lives of a number of babies have been saved, while other infants have been restored to health in a much shorter time than would have been the case at home.

At the beginning of 1926, there were six babies in the Ward, while during 1926 thirteen cases were admitted. Two of these 19 cases died in Hospital, 9 and 10 days respectively after admission. The other 17 cases were discharged in 1926 or 1927, greatly improved in health, most being normal or nearly normal babies. Our latest reports are that all are making satisfactory progress.

Rickets. The school returns show that several hundred children, in some years as many as 400, enter the public elementary schools in Somerset, with definite signs that they had suffered from rickets. This disease is due to conditions of incorrect feeding and wrong living which should not occur. It is a disease which therefore is preventable. The steps to prevent it are not difficult and need not be costly. On the other hand, if neglected, it may result in severe crippling, great suffering and often, in spite of treatment, in physical deformity which is expensive and difficult to remedy. Apart from physical deformity, it causes illness and deterioration of health. The Orthopaedic work includes many cases of deformity due to rickets.

During the year steps were initiated to deal with rickets as a preventable disease and to try and cure it, when it had developed, long before bony deformity results. These steps are :—

- (1) The issue of a special memorandum on rickets to all the Infant Visitors to help them to understand the causes of the disease, the symptoms to look out for to make them suspect rickets and the kind of advice to give to mothers to prevent the development of this condition.
- (2) Extending the infant visiting to at least the end of the second year.
- (3) A very definite injunction to all infant visitors to report to me every case which they suspect may be suffering from rickets.
- (4) Arrangements for confirming or otherwise the suspected diagnosis of rickets by using the different County Medical Officers, Medical Officers at Infant Welfare Centres, etc., for this purpose.
- (5) Each case diagnosed as definite or as incipient rickets is entered upon a special case sheet, a duplicate of which is filed in the Office and constitutes a Rickets register.
- (6) Provision of treatment for these cases. This takes the form
 - (a) of urging the mother to obtain treatment from her own doctor.
 - (b) In necessitous cases to supplement and make possible effective treatment by grants of milk and cod liver oil, one or both. This is given in connection with the local Doctor or, if the parents will not obtain regular medical advice, on the advice of the County Medical Staff. All these cases are visited regularly by the County Health Visitors and renewals are only granted on their recommendation.
 - (c) Each mother is given a special leaflet on the subject.
 - (d) Light treatment is provided at different centres. At the end of April, 1927, it was available at 3 centres (Bridgwater, Yeovil, Weston-super-Mare) all directly operated by County Council officials.
 - (e) Cases which have passed into the stage of definite crippling are referred to the nearest Orthopaedic Clinic for advice and treatment.

The Scheme came into operation on May 1st, and up to the end of 1926 the cases reported and being dealt with were 129, exclusive of many cases under observation. There are still many cases not yet reported and a further 55 were reported during the first 4 months of 1927. The result of treatment have been satisfactory in most of the cases. This Scheme should result in a few years in a marked diminution in the number of rickets cases which progress to the stage of deformity.

Part I. Children Act, 1908. Under this Act the supervision of boarded out children is arranged for by Boards of Guardians. It is an advantage if the supervision of the children under 7 years of age is carried out by the Health Visitors. This is done without charge at the request of the Board of Guardians in six unions, i.e., Bridgwater, Chard, Clutton, Keynsham, Langport and Williton. The arrangements in the Williton Union did not commence, however, until May, 1927.

Periodical reports are furnished to the different Boards of Guardians on forms provided by them.

ORTHOPAEDIC SCHEME.

The County Scheme and the results of working during 1926 are described in considerable detail in my report for 1926 as School Medical Officer.

The cases seen and dealt with through the Clinics were as follows :—

Cases seen at the Clinics.

Tuberculosis of bones and joints	.....	.....	.....	.....	.....	39
Spastic paraplegia	.....	.....	.....	.....	.....	27
Infantile paralysis (anterior polio-myelitis)	.....	.....	.....	.....	.....	90
Osteo-myelitis	.....	.....	.....	.....	.....	3
Congenital dislocation of the hip	.....	.....	.....	.....	.....	25
Club foot	.....	.....	.....	.....	.....	37
Claw foot	.....	.....	.....	.....	.....	23
Rickets	.....	.....	.....	.....	.....	83
Knock knees (mostly old rickets)	.....	.....	.....	.....	.....	67
Scoliosis	.....	.....	.....	.....	.....	21
Torticollis	.....	.....	.....	.....	.....	10
Postural deformities :—						
General defects of posture	.....	.....	.....	.....	.....	83
Flat foot (often with other postural deformities)	.....	.....	.....	.....	.....	60
Kyphosis	.....	.....	.....	.....	.....	4
					———	147
Other defects and deformities	.....	.....	.....	.....	.....	101
					———	673
					———	

From the Preventive Medicine standpoint chief interest centres in the problem of the prevention of these conditions. Many, if not most, are entirely preventable. The steps taken to deal with rickets are described above. Postural defects are in part associated with hereditary conditions, but others are not, and should be prevented. The Education Committee has some aspects of this problem under consideration. Injuries at birth are responsible for a certain number of cripples and the improved ante-natal care and better midwifery conditions should reduce these markedly. The tuberculosis cases are entirely preventable and a large proportion are due to the consumption of milk infected with tubercle bacilli from cows suffering from tuberculosis. The Table shows that a large group of the cases (90) were due to Infantile Paralysis, or to give it its scientific name, Anterior poliomyelitis. This disease is a notifiable one. Many of the cases are never notified and the disease is only recognised or first seen by a doctor when there is considerable paralysis. The official notifications since 1919 have been as follows :—

Year.	Urban.	Rural.	Total.
1919	0	5	5
1920	3	3	6
1921	3	4	7
1922	2	2	4
1923	3	4	7
1924	4	3	7
1925	0	1	1
1926	6	7	13

These figures show nothing in the nature of an epidemic and nearly all were isolated cases, quite unconnected. On the other hand, of the 90 cases seen at the Clinics, 32 were born in 1919—21 so the illness must have developed in these years or not later than 1922 or 1923. Evidently, most of these cases were never notified.

HEALTH PROPAGANDA.

Miss Hobbs started her work in January, and much work was done during the year.

The travelling Infant Welfare Exhibition was overhauled and greatly improved, and during the year was held at Wells, Street, Bridgwater, Frome, Shepton Mallet and Bruton. The attendances were satisfactory and good educational work was done. Ten of the Infant Welfare Centres were visited and 21 different talks to Mothers given.

Special attention was paid to the school side of propaganda work. A special course was arranged for teachers, consisting of 8 lectures on Physiology and Hygiene. This course was given at the following centres :—

Bridgwater	(Average attendance	33)
Yeovil	(" "	37)
Wells	(" "	15)
Frome	(" "	25)
Taunton	(" "	53)

A large number of posters and diagrams were obtained and made available, while lantern slides were shown at most of the lectures. The whole course was made as practical as possible and to bring out the kind of instruction to be given on hygiene to school children. Lists of suitable books and posters were made out and can be obtained by Head Teachers through the County Education Office. It is anticipated that Teachers who have attended this course will be able to give, or greatly improve, hygiene instruction to the children in their schools.

In the early part of the year 9 talks on foods, etc., were given at Domestic Subjects Centres.

Most teachers welcome short talks on health matters to the children, and the opportunity of being in the district often enables such a talk to be given. Forty-six such talks were given during the year.

Education on health matters is also required by adults. A good deal of attention was paid to obtaining a fairly complete selection of posters on all aspects of health, a good collection of lantern slides and other useful exhibits. These are available for general health educational work. Much instruction to mothers and other adults is possible in connection with Voluntary Associations, especially Women's Institutes. During the year 9 lectures, in two courses, were given to Women's Institutes, while 27 further lectures were given. 12 lectures were given through other Voluntary Associations.

Not very much was attempted during the first year in the way of public lectures but 14 were given at different centres and one course of 5 lectures. No lectures dealing solely with Venereal Diseases were given but the subject of Social Hygiene was dealt with in 3 special lectures and to some extent in a number of the lectures.

Special new leaflets for popular distribution have been drawn up as regards cancer and rickets, and others are in contemplation.

The above is a short account of work done specially by Miss Hobbs. In addition, a very great deal of propaganda work is carried out by the County Health Department as part of its ordinary routine work by all its Officers. This especially applies to tuberculosis, infant welfare work, and some aspects of school hygiene.

SECTION III. GENERAL SANITARY ADMINISTRATION.

WATER SUPPLIES.

The responsibility for ascertaining that a pure and adequate supply of water is available rests upon the Local Sanitary Authorities and County Councils; have little or no powers. At the present time the general position as regards water supplies must be regarded as decidedly unsatisfactory. The growth of population encroaches on water areas while at the same time necessitating more abundant supplies of water. Many villages are dependent upon surface wells which have become markedly polluted. The increase of the dairy business has added to the demands for water while there is a growing appreciation of the importance of pure water and plenty of it both in the dairy and in the cowshed. As I have pointed out on many occasions, there are some urban and many rural parishes in which the water supply is very deficient. The difficulties of obtaining satisfactory supplies have greatly increased since the war owing to the high cost of water pipes and other materials and the difficulties of obtaining a scheme within the financial capacity of the area. The financial and other difficulties were set out in a memorandum prepared by the Ministry of Health and circulated early in 1925 by the County Councils Association to the various County Councils for their consideration. Suggestions for removing the present difficulties were made in this memorandum.

During the year small extensions were made in a few areas but no extensive new supplies were inaugurated.

A water supply which is pure, abundant and accessible is a primary necessity of healthy living yet this is not obtainable in many parishes. Somerset, as a whole, is a county well supplied with water and the present unsatisfactory state of affairs is not due to any natural inadequacy of water but to financial and legal difficulties. The present legal position offers many anomalies while the smallness of the areas responsible for water provision favours all sorts of makeshift arrangements and renders impossible any comprehensive utilisation to the best advantage of the extensive water sources available. The county offers many instances of such anomalies and wastages, of which, a few examples may be quoted.

Burnham and Highbridge are coterminous but have different water supplies both being from the Mendips, the springs some five miles apart. By separate pipes and devious ways the water is conducted for many miles. Each has a separate reservoir, one on each side of Brent Knoll, with separate service supplies. Many double miles of pipes, duplicate reservoirs, duplicate machinery, all to supply two little towns with a combined population of under 8,000.

The Downhead supply is an abundant one and adequate to supply Midsomer Norton and Radstock. It supplies Radstock and they sell some of the water to Peasedown St. John and to Midsomer Norton. The latter urban area has 3 supplies, the other two being from a contaminated supply at Chilcompton and water obtained from the Downside College supply.

The water supply in the neighbourhood of Baltonsborough is an interesting tangle. Water rising in West Pennard supplies West Bradley, parts of East Pennard and parts of Hornblotton and Alford. This supply passes by Baltonsborough and should have supplied it instead of the two distant parishes of Hornblotton and Alford. Baltonsborough had, therefore, to have another supply from Ditchet parish with many miles of pipe and crossing over the above supply. West Pennard having parted with a supply in the parish purchases its water from the Corporation of Glastonbury.

RIVER POLLUTION AND SEWERAGE.

For the most part the pollution of the rivers in the County from manufacturing liquors or from sewage-effluents is not large and what contamination does get in is readily dealt with and oxidized by the fresh water. The conspicuous exception to this in the past has been the pollution from Milk depots. This has been fully dealt with in previous years.

This source of river pollution has given little trouble during 1926. All the treatment plants installed are visited from time to time and especially in the Spring when the difficulties of dealing with whey and milky waste are greatest. One small milk depot caused much trouble by discharging whey into ditches and action was taken promptly to obviate further nuisance as a temporary measure and later to reorganize the disposal methods, the latter being completed in 1927.

Most of the sewage disposal works were visited during the year and invariably when any complaint was made. Several had to be reported to the Public Health Committee since new or improved works were required. Many of the very small sewage disposal plants for villages are not adequately supervised.

Trouble from effluents from manufacturing processes are rare in the county and none had to be reported to the County Council, apart from milky effluents.

ADMINISTRATION OF THE HOUSING ACTS.

Table XVIII tabulates the new houses erected during the year. It shows a striking development in housing construction not only in the urban but also in the rural districts. The total number of new houses built during the last 6 years is as follows :—

	Urban	Rural.	Total.
1921	460*	551*	1011*
1922	429	566	995
1923	271	375	646
1924	411	562	973
1925	599	787	1386
1926	977	1213	2190

*Excluding houses built under private enterprise. The number of these was very few in that year.

This table shows that after the considerable quantity of houses constructed under the original Government Scheme, all the cost of which above the produce of a 1d. rate was met by the Treasury, there was a marked diminution in the number of houses being built. 1925 showed a great improvement, while the increase in 1926 is very marked. It is noticeable in both rural and urban areas. As Table XVIII shows, very many have been built by Local Authorities with the State subsidy, the increase over the figures for 1925 being mainly in this group. The houses built without State assistance have, for the most part, been in residential areas or adjacent to the large towns. Of the houses built with subsidies, while the figures are not supplied in the returns of Medical Officers of Health, my own inquiries suggest that most have been built under the 1924 (Wheatley) Housing Act rather than under the 1923 (Chamberlain) Housing Act.

TABLE XVIII.
NUMBER OF NEW HOUSES ERECTED DURING
THE YEAR.

AREA.	With State assistance.		Otherwise	Total.
	By the Local Authority.	By other bodies or persons.		
RURAL.				
AXBRIDGE	56	55	51	162
BATH	0	52	30	82
BRIDGWATER	20	41	10	71
CHARD	18	17	6	41
CLUTTON	60	8	10	78
DULVERTON	0	9	0	9
FROME	96	9	3	108
KEYNSHAM	0	55	58	113
LANGPORT	0	13	10	23
LONG ASHTON	25	13	175	213
SHEPTON MALLET	10	3	6	19
TAUNTON	52	32	0	84
WELLINGTON	16	4	0	20
WELLS	0	0	17	17
WILLITON	0	9	15	24
WINCANTON	45	8	4	57
YEOVIL	50	18	24	92
All Rural Areas	448	346	419	1213
URBAN.				
BRIDGWATER	47	26	2	75
BURNHAM	29	5	13	57
CHARD	12	11	0	23
CLEVEDON	4	28	2	34
CREWKERNE	8	11	0	19
FROME	24	5	2	31
GLASTONBURY	18	11	10	39
HIGHBRIDGE	25	10	0	35
ILMINSTER	10	0	0	10
MIDSOMER NORTON	6	15	3	24
MINEHEAD	0	0	52	52
PORTISHEAD	0	27	0	27
RADSTOCK	24	13	1	38
SHEPTON MALLET	0	7	3	10
STREET	25	13	0	38
TAUNTON	82	35	20	137
WATCHET	0	8	0	8
WELLINGTON	22	10	0	32
WELLS	8	0	6	14
WESTON-S-MARE	90	0	93	183
WIVELISCOMBE	0	0	0	0
YEOVIL	47	36	8	91
All Urban Areas	481	281	215	977
County	929	627	634	2,190

TABLE XIX.
HOUSING INSPECTIONS.

Area.	Houses inspected for housing defects.	Houses specially inspected under Housing Acts.	Number Found unfit.	Number defective but not unfit.	Houses Closed as unfit.
RURAL.					
AXBRIDGE	324	159	4	38	4
BATH	71	40	3	23	3
BRIDGWATER	46	9	0	37	0
CHARD	94	94	2	38	1
CLUTTON	393	109	4	42	0
DULVERTON	45	21	0	8	0
FROME	253	180	6	42	4
KEYNSHAM	86	55	2	84	0
LANGPORT	131	75	6	73	6
LONG ASHTON	97	0	7	90	3
SHEPTON MALLET	180	165	0	64	0
TAUNTON	802	802	7	232	3
WELLINGTON	61	61	1	18	1
WELLS	18	0	1	7	1
WILLITON	75	25	2	3	0
WINCANTON	282	282	6	216	1
YEOVIL	319	267	6	46	1
All Rural Areas.	3,277	2,344	57	1,031	28
URBAN.					
BRIDGWATER	1,015	886	124	527	5
BURNHAM	6	0	0	0	0
CHARD	128	81	0	57	0
CLEVEDON	50	0	0	13	0
CREWKERNE	210	178	0	0	0
FROME	294	110	0	49	0
GLASTONBURY	122	61	0	14	0
HIGHBRIDGE	100	0	0	0	0
ILMINSTER	30	2	1	5	0
M'SOMER NORTON	43	43	0	20	0
MINEHEAD	18	8	3	15	3
PORTISHEAD	25	25	0	20	0
RADSTOCK	567	110	7	31	7
SHEPTON MALLET	102	41	0	5	1
STREET	6	0	1	0	1
TAUNTON	992	441	6	350	5
WATCHET	0	0	0	0	0
WELLINGTON	94	0	0	25	0
WELLS	17	0	0	17	0
WESTON-S-MARE	272	26	0	106	0
WIVELISCOMBE	13	9	0	4	0
YEOVIL	139	139	0	0	0
All Urban Areas.	4,243	2,160	142	1,258	22
County.	7,520	4,504	199	2,289	50

The provision of these many new houses must have gone a considerable way towards removing the very acute shortage, but it is clear that a good deal of the problem still remains. As mentioned in previous reports (for example, for 1921), there were well over 2,000 houses unfit for habitation and which cannot be made fit with any reasonable expenditure. A very few of these have been closed by the action of the Local Authorities, a few have closed themselves by becoming so derelict that no one can live in them, but the majority, although still unfit, remain in occupation. They remain in occupation because houses are not available to take their place. The shortage of houses can be said to be removed only when there is no compulsory overcrowding and also when there are no unfit houses occupied because closure would leave the occupiers without a home or the possibility of obtaining one. Table XIX shows that only 50 houses were closed during the year as unfit.

While most Authorities have been responsible for some housing, construction activity has been very unequal in the different districts and this does not appear to have always been in relation to the need. For an Authority to decline to close unfit houses on the ground that no houses are available, and at the same time to neglect their legal powers to provide new houses, is to perpetuate the tenancy of unfit houses indefinitely. It would be interesting and valuable to obtain a new return of "Unfit for Habitation" houses and compare it with the constructional activities in the area.

Table XIX gives details of the inspection work carried out and the houses found unfit for habitation. The number of houses inspected under the housing acts is not large. Owing to the difficulty in obtaining repairs to houses and their being placed in proper repair and also to the impracticability of closing unfit houses many inspectors paid less attention to this branch of their work than in earlier years. Systematic housing inspection to be valuable needs to be thorough while efforts to obtain results in the way of adequate repairs are often out of proportion to achievements. This is due to the large number of letters, personal interviews, etc., required before much of the work is carried out.

SUPERVISION OVER THE FOOD SUPPLY.

A. Slaughter Houses and Meat Supervision. The Public Health (Meat) Regulations 1924 came into operation April 1st, 1925. A summary of their requirements was set out in my Reports for 1924 and 1925, while a detailed account of their first year's working was given in the 1925 Report. A brief notice only therefore is necessary this year. A few Slaughter Houses have been given up but the numbers remain very much as set out in Table XXV of my last year's Report.

Under the regulations the efficiency of Meat Inspection has increased very greatly while previously in rural areas it was nearly non-existent. Since special application for the particulars was not asked many reports give no details as to the amount of meat condemned, so it is not possible to say if more or less is found unfit. Judging from the reports which do give the details, it would seem that the totals would be very similar to 1925. As pointed out last year, there is considerable inequality as regards the efficiency of inspection in the different districts.

B. Milk Supply. Table XX gives the number of producers and distributors registered. It shows a considerable increase, and in some areas a marked increase, over the figures for the previous year. This is in part due to the altered legal requirements as regards registration.

TABLE XX.
MILK PRODUCERS AND DISTRIBUTORS.

Sanitary Area. (Urban).	Producers.	Distributors.			Sanitary Area. (Rural).	Producers.	Distributors.		
		Also Producers.	Not Producers.	Total.			Also Producers.	Not Producers.	Total.
Bridgwater	6	5	58	63	Axbridge	855	90	16	106
Burnham	18	3	9	12	Bath	159	50	17	67
Chard	16	7	3	10	Bridgwater	606	27	9	36
Clevedon	23	12	7	19	Chard	501	47	2	49
Crewkerne	10	10	2	12	Clutton	405	91	7	98
Frome	16	7	20	27	Dulverton	132	132	0	132
Glastonbury	73	12	4	16	Frome	343	343	2	345
Highbridge	13	13	2	15	Keynsham	116	25	11	36
Ilminster	9	4	2	6	Langport	419	109	1	110
Midsomer Norton	35	11	8	19	Long Ashton	401	39	23	62
Minehead	9	8	3	11	Shepton Mallet	337	30	3	33
Portishead	14	9	6	15	Taunton	346	60	9	69
Radstock	9	2	6	8	Wellington	163	34	0	34
Shepton Mallet	32	8	4	12	Wells	536	149	6	155
Street	28	11	6	17	Williton	299	299	4	303
Taunton	5	19	31	50	Wincanton	413	15	22	37
Watchet	3	0	5	5	Yeovil	357	41	6	47
Wellington	60	18	8	26					
Wells	0	0	5	5					
Weston-super-Mare	8	7	67	74					
Wiveliscombe	4	4	0	4					
Yeovil	3	1	22	23					
					Total	6,388	1,581	138	1,719
Total	394	171	278	449	County Total	6,782	1,752	416	2,168

During the year the Milk and Dairies Order 1926 was issued, and came into operation on October 1st, 1926. It supersedes the old Orders which were extremely unsatisfactory. Its issue is a landmark as regards the conditions of milk production and sale. The object of the sanitary control of milk is to ensure an article which is produced and sold under conditions which ensure freedom from harmful bacteria and of good chemical quality. This means healthy cows, clean milking and suitable care of the milk after milking. Milk production is a process and as such the methods employed are far more important than equipment. On the other hand, while it is possible to obtain very clean milk on very poor premises, it is most difficult to do so regularly day by day unless a minimum of good equipment is available. This particularly applies to the question of an impervious floor which is *essential* for the production of clean milk as a commercial paying proposition. The Order takes cognizance of these points of view, and while its main insistence, and nearly all the new powers are directed to the improvement of methods of milk production and care, it yet

insists on a few essentials for regular clean milk production. These are, however, very few, and of these the impervious floor is the main requirement. Ample time is allowed for this to be carried out since an 18 months, notice must be given, and this cannot be served until April, 1928. All new cowsheds must, however, comply with Section 25 as regards a satisfactory floor.

This insistence on cleanly methods of milk production in the Order coincides with a marked general improvement which has been going on in the county as regards much cleaner milk production. This is seen, not only in a very definite improvement of conditions, but also in a general realization by the agricultural interest that cleanly methods are not an impracticable fad started by Public Health experts unacquainted with agricultural conditions, but are both feasible, necessary and advantageous. An important factor in forming this opinion is the educational work of the Agricultural Institute at Cannington. During the year 40 clean milk demonstrations were given in farms in various parts of the county. Another Clean Milk Competition, divided into several classes, was held in 1926—27, with considerable influence on clean milk production.

The worst enemies of the milk trade are the small minority of producers who are impervious to modern influences and whose conditions of milk production are disgraceful. They give a bad name to the whole trade, and until they amend their ways or are eliminated from milk production, the cordial support of the medical profession towards the increased use of milk will never be obtained. The consumption per head of milk is very low and it is desirable it should be increased. This will follow when a clean, pure milk supply is an assured product.

The clauses of the Milk Order, dealing with the Health and Inspection of Cattle are to be worked by the County Council. The County Council have power to appoint veterinary inspectors and make arrangements for the systematic inspection of cattle. Certain conditions are specified which require stopping the milk from the cow affected. Of these diseases, tuberculosis of the udder is the most important.

Tuberculosis is mainly dealt with under the Tuberculosis Order, 1925. This Order aims at eliminating the most dangerous types of tuberculous bovines. It should get rid of cows suffering from tuberculous udders. As it is being worked however, it is doing little more than eliminate advanced cases of tuberculosis, many of which are only dotified a short stage before their passage to the knackers and when all the harm they are likely to do as regards infecting the rest of the herd has been done. Very few primary cases of udder tuberculosis are being detected.

The figures for the 798 cases reported to the end of 1926 are :—

Classed as "advanced" tuberculosis	.....	.....	.....	.....	.....	496
Classed as "not-advanced" tuberculosis	.....	.....	.....	.....	.....	284
Classed as udder tuberculosis (entirely or mainly)			.....	.....	.....	13
No tuberculosis at post mortem	.....	.....	.....	.....	.....	5

The circular of the Board of Agriculture states that "The Order aims at the destruction of every cow suffering from tuberculosis of the udder or giving tuberculous milk and every bovine animal suffering from tuberculous emaciation or suffering from a chronic cough and showing definite clinical signs of tuberculosis."

From the Public Health standpoint, the value of the Order must be judged by the extent to which it is likely to diminish the danger of tuberculous milk. From this point of view, and as it is being worked, I cannot regard it as of any real value. It is not likely to effect anything material to reduce the amount of bovine tuberculosis and so diminish the incidence of tuberculosis generally in cattle.

A third line to diminish the danger of tubercle bacilli in the milk is to try and ascertain the milk supplies which contain tubercle bacilli and then to find and eliminate the tuberculous cow or cows. This is being done, to a certain extent, but it is impracticable as a general measure for all herds as there are too many in this county. During the year 215 samples of mixed milk, collected at the cowsheds, were examined for tubercle bacilli: of these 35 must be excluded as useless, the guineapigs dying too early for an opinion to be given. Of the remaining 180, virulent tubercle bacilli were found in 4, a percentage of 2.2. This is a very low percentage and suggests less udder tuberculosis in Somerset than the average for the country generally. It is possibly associated with the fact that Somerset cows are so much out of doors and so many cowsheds are open on one side.

In addition to these cases, reports on milk derived from Somerset, but found to be tuberculous by outside authorities, have been received in four cases, two being from Bristol and two from London. In connection with these 8 cases, four cows with tuberculosis of the udder were detected during the subsequent examinations and slaughtered under the Tuberculosis Order. In the other cases the source of infection could not be detected, although very detailed investigations were carried out.

The inspection of special groups of dairy cows, a more uniform and effective working of the Tuberculosis Order, and the detection of animals from a herd, the milk of which is found to contain tubercle bacilli, would all be more effective if there was one whole time Veterinary Surgeon on the staff of the County Council. Part time veterinary inspectors would still have to be employed, as one man could not do all the veterinary work, but the work would be properly co-ordinated and he would be available for all the special inspection work. He should be on the staff of the County Medical Officer of Health but working under a Joint Sub-Committee of the Public Health and Diseases of Animals Committee who would have control of all this work which involves the Public Health aspects of diseases of cattle. This would ensure co-ordination of effort and enable that preventive outlook to be given to the working of the Tuberculosis Order which is now so conspicuously lacking.

Graded Milks. The number of producers supplying graded milks is very slowly increasing. The following shows the figures at the end of the years referred to.

	1924.	1925.	1926.
Certified Milk	1	4	3
Grade A (tuberculin tested)	1	5	7
Grade A.	2	4	6

C. Administration of the Sale of Foods and Drugs Acts. During the year 1109 samples were examined. Of these 56 were submitted by private individuals and firms, and 9 were "Appeal to cow" samples. The following Table shows the nature of the 1053 samples submitted by the police, excluding the 9 "appeal to cow" samples.

TABLE XXI.

Article.	Number examined.	Number genuine.	Number suspicious.	Number adulterated.	Per cent. adulterated.
Dairy Products —Milk	505	480	4	21	4.2
Cream	12	11	0	1	8.0
Preserved Cream	2	2	0	0	0
Cheese	24	24	0	0	0
Butter	56	56	0	0	0
Condensed Milk	19	19	0	0	0
Dried Milk	16	16	0	0	0
Edible Fats	23	23	0	0	0
Cereals	30	30	0	0	0
Meat and Fish Products	36	36	0	0	0
Tea, Coffee , Cocoa	24	23	0	1	4.2
Condiments	34	33	0	1	2.9
Saccharine Products	23	23	0	0	0
Miscellaneous Groceries	50	50	0	0	0
Beer, Spirits and Wine	94	93	0	1	1.1
Drugs	67	64	1	2	3.0
Imported Apples	29	27	0	2	6.9
Total	1,044	1,007	5	29	2.8

The samples adulterated, as shown in the Table, were mostly milk, the adulteration of other products being very few. 21 milk samples were reported as adulterated. No legal proceedings were taken in 7, six were dismissed, while in the remaining 8 convictions were obtained. The legal position as regards chemical milk adulteration remains extremely unsatisfactory.

TABLE XXII.

The number of samples analysed and the number adulterated during the past 6 years.

	Year.	Number examined.	Number adulterated.	Percentage adulterated.
Somerset	1921	1,084	67	6.2
"	1922	1,075	50	4.65
"	1923	1,049	40	3.8
"	1924	1,045	48	4.6
"	1925	1,142	37	3.5
"	1926	1,044	29	2.8
England and Wales	1925-1926	118,930	7,714	6.5

PUBLIC HEALTH LABORATORY.

The Laboratory continues to be extensively made use of by the different Local Authorities for the examination of water supplies, sewage samples, diagnosis of infectious cases, etc. It is also very valuable in connection with Tuberculosis, School Work, Venereal Diseases and other work directly under the County Council.

During the past year 6,328 samples have been examined (excluding all food and drug samples) as follows :—

Drinking water—Bacteriological examinations	.....	.....	.....	623
Chemical analyses	.....	.....	.....	28
Sewage, sewage effluents, rivers and streams	.....	.....	.....	54
Swabs for diphtheria bacilli	.....	.....	.....	1,797
Sputum for tubercle bacilli	.....	.....	.....	1,935
Blood for typhoid, paratyphoid, etc.	.....	.....	.....	59
Hairs and skin for Ringworm	.....	.....	.....	484
Specimens for venereal disease	.....	.....	.....	695
Urine for tubercle bacilli, B. coli, sugar, albumin, casts, etc.	.....	.....	.....	117
Faeces for typhoid and dysentery	.....	.....	.....	22
Milk for special examination	.....	.....	.....	30
Milk for tubercle bacilli	.....	.....	.....	282
Milk for bacteriological examination (general)	.....	.....	.....	57
Milk Grade A, Grade A certified, etc.	.....	.....	.....	56
Cerebro-spinal fluid and Post-nasal swabs	.....	.....	.....	15
Other specimens	.....	.....	.....	74
			Total.....	<u>6,328</u>

Of the 1,797 swabs examined 237 showed the presence of diphtheria bacilli ; of the 1,935 specimens of sputum 506 contained tubercle bacilli ; of the 59 specimens of blood 17 gave a positive Widal reaction ; of the 484 specimens of hair 251 contained ringworm fungi ; and of the 695 specimens for venereal disease 100 contained gonococci.

Under the heading “other specimens” the following are included : Glands, fluids, faeces and pus for tubercle bacilli, and other organisms ; blood for counts and leukaemia ; swabs for virulence of diphtheria bacilli, etc.

TABLE A.

Causes of, and Ages at Death during the Year 1926.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.								
	All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.
Enteric Fever	5	0	0	1	0	0	3	1	0
Small-pox	0	0	0	0	0	0	0	0	0
Measles	10	0	4	6	0	0	0	0	0
Scarlet Fever	4	0	0	3	0	1	0	0	0
Whooping Cough	30	12	7	8	0	1	0	0	2
Diphtheria and Croup	3	0	0	1	1	0	1	0	0
Influenza	87	2	1	0	0	6	6	37	35
Encephalitis Lethargica	25	0	0	2	8	1	5	5	4
Meningococcal Meningitis	4	1	0	0	1	1	1	0	0
Tuberculosis of respiratory system	213	0	1	1	7	53	103	37	11
Other Tuberculous Diseases	55	4	1	4	13	8	16	6	3
Cancer, Malignant Disease	573	0	1	0	2	4	21	208	337
Rheumatic Fever	12	0	0	0	1	3	4	3	1
Diabetes	60	0	0	0	0	4	8	17	31
Cerebral Haemorrhage, etc.	350	0	0	0	0	0	9	73	268
Heart Diseases	762	0	0	1	12	12	27	190	520
Arterio-sclerosis	148	0	0	0	0	0	2	29	117
Bronchitis	282	21	3	3	0	0	3	27	225
Pneumonia (all forms)	203	36	17	14	4	3	26	45	58
Other Respiratory Diseases	68	3	0	0	1	0	9	15	40
Ulcer of Stomach or Duodenum	36	0	0	0	0	1	8	12	15
Diarrhoea, etc.	54	26	0	3	0	2	4	5	14
Appendicitis and Typhilitis	32	0	2	1	6	5	10	6	2
Cirrhosis of Liver	27	0	0	0	0	0	2	15	10
Acute and Chronic Nephritis	164	0	0	0	2	2	17	50	93
Puerperal Sepsis	6	0	0	0	0	1	5	0	0
Other Accidents and Diseases of Pregnancy and Parturition	15	0	0	0	0	3	11	1	0
Congenital Debility and Malforma- tion, including Premature Birth	164	162	2	0	0	0	0	0	0
Suicides	46	0	0	0	0	1	13	22	10
Other Deaths from Violence	132	4	1	2	7	18	26	34	40
Other Defined Diseases	1054	46	6	4	15	22	69	192	700
Diseases ill-defined or unknown	6	0	0	0	0	0	1	3	2
	4630	317	46	54	80	152	410	1033	2538

TABLE B.

Causes of Death at all Ages in each District during the Year 1926.

RURAL DISTRICTS.

URBAN DISTRICTS.

CAUSES OF DEATH.	AXBRIDGE.	BATH.	BRIDGWATER.	CHARD.	CLUTTON.	DULVERTON.	FROME.	KEYNSHAM.	LANGPORT.	LONG ASHTON.	SHEPTON MALLET.	TAUNTON.	WELLINGTON.	WELLS.	WILLITON.	WINCANTON.	YEovil.	TOTAL RURAL DISTRICTS	BRIDGWATER.	BURNHAM.	CHARD.	CLEDON.	CREWKERNE.	FROME.	GLASTONBURY.	HIGHBRIDGE.	ILMINSTER.	MIDSOMER NORTON.	MINEHEAD.	PORTISHEAD.	RADSTOCK.	SHEPTON MALLET.	STREET.	TAUNTON.	WATCHET.	WELLINGTON.	WELLS.	WESTON-SUPER-MARE.	WIVELISCOMBE.	YEovil.	TOTAL URBAN DISTRICTS	COUNTY TOTAL.	
Enteric Fever	0	0	0	0	0	0	0	0	0	0	1	0	0	2	0	0	0	3	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	5	
Small Pox	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Measles	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	3	3	0	1	0	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	7	10	
Scarlet Fever	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	3	4	
Whooping Cough	4	0	0	2	2	0	2	2	0	0	1	1	1	2	1	0	2	20	0	0	0	0	0	1	0	0	2	2	0	0	0	0	0	2	0	0	0	1	2	0	0	10	30
Diphtheria	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2	3	
Influenza	5	3	2	4	3	1	4	2	1	2	5	3	2	3	1	4	7	52	4	1	1	0	1	3	1	0	3	2	0	0	2	1	1	0	1	2	2	4	1	5	35	87	
Encephalitis Lethargica	0	1	0	0	3	0	4	0	0	2	2	0	0	1	2	0	3	18	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	7	25
Meningococcal Meningitis	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	4	
Tuberculosis of respiratory system	10	4	12	5	13	4	7	4	8	10	3	11	1	6	4	12	8	122	12	0	2	0	1	3	2	0	0	3	5	1	2	3	1	17	1	8	2	17	1	10	91	213	
Other Tuberculous Diseases	12	0	1	2	1	0	2	1	2	2	1	1	0	2	0	0	4	31	0	1	0	1	0	3	0	0	0	1	0	1	2	1	1	9	0	0	1	1	0	2	24	55	
Cancer, Malignant Disease	28	24	25	20	22	4	17	13	20	29	13	22	12	10	19	29	29	336	17	8	7	12	5	17	5	4	4	9	9	6	3	4	4	37	5	11	6	43	3	18	237	573	
Rheumatic Fever	0	0	0	0	0	0	0	1	0	3	0	0	0	0	0	0	1	5	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	3	7	12	
Diabetes	2	2	5	0	0	1	1	1	1	3	0	6	1	1	0	3	3	30	3	1	1	2	1	2	0	0	1	0	2	0	3	1	1	1	0	0	1	6	0	4	30	60	
Cerebral Haemorrhage, etc.	20	15	24	8	6	2	9	12	13	19	8	14	6	7	21	23	13	220	6	5	2	11	3	3	4	3	3	2	3	3	0	3	3	21	2	7	3	23	3	17	130	350	
Heart Disease	55	23	43	19	25	8	21	13	40	29	24	26	11	23	21	23	36	440	33	8	7	17	6	27	15	4	4	9	13	11	7	7	8	27	1	14	13	59	3	29	322	762	
Arterio-sclerosis	14	5	5	3	7	2	2	5	3	6	5	1	1	7	2	7	6	81	3	1	1	8	0	7	3	0	0	4	4	2	1	2	0	6	0	0	8	10	1	6	67	148	
Bronchitis	16	14	13	9	10	4	9	11	10	10	8	13	3	8	9	13	15	175	15	1	0	4	1	3	1	3	1	2	4	3	1	5	4	29	2	6	2	12	2	6	107	282	
Pneumonia (all forms)	12	4	9	5	8	6	5	3	9	6	1	10	1	7	5	10	14	115	14	1	2	0	3	14	3	2	1	2	0	0	2	1	0	16	0	0	1	14	0	12	88	203	
Other Respiratory Diseases	2	3	6	3	0	3	3	1	4	4	2	3	1	3	6	2	0	46	2	0	1	2	0	1	2	1	0	1	0	0	0	1	0	3	0	0	1	3	0	4	22	68	
Ulcer of Stomach or Duodenum	2	1	1	1	1	1	0	2	2	0	2	1	3	2	2	2	1	24	1	0	1	2	1	0	0	0	0	0	0	1	0	1	1	0	1	0	1	0	2	0	0	12	36
Diarrhoea, etc. (under 2 years)	3	1	3	0	1	0	0	1	1	0	1	3	0	2	0	0	2	18	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	2	8	26	
Appendicitis and Typhilitis	1	2	3	1	0	1	1	1	1	2	2	0	1	1	0	1	0	18	4	0	0	0	0	3	0	0	0	0	1	0	1	0	1	0	0	0	0	4	0	0	14	32	
Cirrhosis of Liver	4	0	0	0	1	0	2	3	1	1	1	0	0	0	0	0	2	20	1	0	0	0	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0	1	0	1	7	27	
Acute and Chronic Nephritis	4	7	3	1	4	1	3	5	7	12	3	5	0	6	9	10	8	88	4	3	1	10	0	4	3	0	2	8	0	1	1	2	1	10	0	3	6	15	0	2	76	164	
Puerperal Sepsis	1	0	0	1	0	0	0	1	1	0	0	1	0	1	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Other accidents and diseases of pregnancy and parturition	0	1	1	0	2	0	0	0	0	3	1	0	0	0	0	0	0	8	2	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	2	0	0	7	15	
Congenital Debility and malformation, premature birth	9	8	5	10	11	1	5	1	6	3	5	4	2	8	2	2	11	93	7	2	0	1	0	4	3	1	0	5	1	1	1	2	1	10	0	5	2	13	2	10	71	164	
Suicides	2	2	5	4	2	0	0	0	0	0	3	0	2	0	3	0	0	23	1	4	1	0	0	1	1	1	0	0	0	0	0	1	0	8	0	1	1	3	0	0	23	46	
Other deaths from violence	12	5	6	3	5	2	6	5	6	6	1	4	0	8	4	5	9	87	7	0	0	0	0	6	1	0	1	1	0	1	4	1	1	6	0	2	0	9	0	5	45	132	
Other defined diseases	80	34	49	40	32	8	33	23	32	53	30	53	16	21	35	40	59	638	46	8	20	22	11	33	6	6	6	17	10	10	9	14	11	78	8	28	7	65	5	24	444	1082	
Causes ill-defined or unknown	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	3	6
All causes	299	160	224	143	161	49	136	111	168	205	123	182	64	132	147	188	236	2728	186	46	48	92	34	141	54	25	30	72	55	42	40	50	38	289	20	89	58	312	21	160	1902	4630	

